



CITY OF JUNCTION CITY PLANNING & BUILDING DEPARTMENT

SIGN PERMIT APPLICATION PACKET TYPE I LAND USE

- Submit your completed application packet with documentation to Planning at 1171 Elm Street
- Payment of the base fee is due at the time an application is submitted.
- If you have questions, contact the Permit Technician, Dawn Northey at 541-998-4763 or jcplanning@ci.junction-city.or.us

Staff Contact: Permit Technician, Dawn Northey

Planning ■ 1171 Elm Street/PO Box 250 Junction City OR 97448

Ph 541-998-4763 ■ jcplanning@ci.junction-city.or.us ■ www.junctioncityoregon.gov



JUNCTION CITY PLANNING TYPE I LAND USE APPLICATION

1171 Elm Street/PO Box 250 Junction City OR 97448

Ph 541-998-4763 ■ jcplanning@ci.junction-city.or.us ■ www.junctioncityoregon.gov

The application fee is due at the time an application is submitted. Additional fees may apply.

Type I applications are reviewed by City staff with the exception of Subdivision Final Plat applications which are reviewed by the Planning Commission.

Note: Review may reveal additional requirements. Concurrent review of other applications is at the applicant's own risk.

Table 1		
Land Use Application	Municipal Code Requirements/Criteria/Supplemental Materials	Base Rate
Change of Use	1. Land Use Application 2. Supplemental Application - Change of Use 3. Junction City Municipal Code, Title 17 applicable to proposal 4. Oregon Building Codes applicable to proposal	\$250 plus any required building permits
Development Review	1. Land Use Application 2. Supplemental Checklist - Development Review 3. JCMC 17.160; 17.85; & 17.90 JCMC 4. Zoning Requirements applicable to proposal/subject site	New Development \$1,070
		Remodel or Addition \$250
Final Partition Plat	1. Land Use Application 2. JCMC 16.05 (Planning Commission Review)	\$745.00
Flood Zone Development Review	3. Land Use Application 4. Supplemental Application - Flood Zone Development Permit 5. JCMC 17.80 6. Current Oregon Structural Specialty Code, Appendix G http://ecodes.biz/ecodes_support/free_resources/Oregon/14_Structural/PDFs/Appendix%20G%20-%20Flood-Resistant%20Construction.pdf	With a Structure \$500.00
		Without a Structure \$300.00
Lot (Property) Line Adjustment	1. Land Use Application 2. JCMC 16.05.050 3. Oregon Revised Statutes, Chapter 92 https://www.oregonlegislature.gov/bills_laws/ors/ors092.html	\$500
Non-Conforming Use	1. Land Use Application 2. JCMC 17.125	\$250
Permitted Activities w/in Wetland Protection Area	1. Land Use Application 2. JCMC 17.60	\$1,630
Sign Permit (including Billboards)	1. Land Use Application 2. Supplemental Application - Sign Permit 3. JCMC 17.115	\$200 plus any required building permits
Subdivision: Final Plat	1. Land Use Application 2. JCMC 16.05 (Planning Commission Review)	\$1,760
Temporary Use Permit for Mobile Food Unit	1. Land Use Application 2. JCMC 17.135	\$100 annual
Variance	1. Land Use Application 2. JCMC 17.140	Minor - \$325
		Major - \$650
Wetland Resource Overlay District Map Correction	1. Land Use Application 2. JCMC 17.60	\$950

City of Junction City

LAND USE APPLICATION – TYPE I

Zoning Compliance Analysis	1. Land Use Application	\$200.00
Timeline Extension of Land Use Decision	1. Land Use Application	No Fee

Questions? Contact the City Planner for further information about criteria/requirements 541-998-4763

Table 2 Land Use Review Classifications – Refer to JCMC 17.150.070	Type I	Type II	Type III Public Hearing	Type IV Public Hearings
Administrative Decision (City Administrator or Designee) Exception: Final Subdivision Plats are reviewed by the Planning Commission (Decision can be appealed to Planning Commission)	X			
Planning Commission Decision (No public hearing however one can be requested) (Decision can be appealed to City Council)		X		
Planning Commission Public Hearing and Decision (Decision can be appealed to City Council)			X	
Planning Commission Public Hearing and recommendation to City Council; City Council Public Hearing and Decision (Appealed to Oregon Land Use Board of Appeals)				X

Table 3 Land Use Application Review Steps	Type I	Type II	Type III Public Hearing	Type IV Public Hearings
1. Land Use application submitted	X	X	X	X
2. Completeness Review to determine if all necessary information is included with application (14-30 days)	X	X	X	X
3. Application is incomplete, necessary information is requested from applicant/representative (application on hold)	X	X	X	X
4. Application is deemed complete and applicant/representative notified	X	X	X	X
5. Tentative date set for application to go before the Planning Commission	Final Plat	X	X	X
6. Tentative date set for application to go before the City Council				X
7. Department of Land Conservation & Development (DLCD) 35-day notice			Amendment only	Amendment only
8. Referrals sent to City Departments and outside agencies for their review (14-21 day response period, 30 days if Wetlands involved)	X	X	X	X
9. Opportunity to Comment mailed to property owners w/in 300-feet of subject site (may run concurrent w/ Referrals) (20-40 days before meeting)		X		
10. Planning Commission Notice of Public Hearing mailed to property owners within 300-ft of subject site (may run concurrent with referrals) (20-40 days prior to public hearing)			X	
11. Planning Commission review and decision	Final Plat	X	X	
12. Planning Commission Recommendation to City Council			Map Amendment	X
13. City Council Notice of Public Hearing mailed to property owners within 300-ft of subject site (may run concurrent with referrals) (20-40 days prior to public hearing)				X
14. City Council review and decision			Map Amendment	X
15. Letter of Decision, with supporting documentation, sent to applicant/representative (w/in 5 business days of decision)	X	X	X	X
16. Appeal Period begins day notice is sent to applicant/representative	X	X	X	X
17. Decision becomes final (unless appealed)	X	X	X	X

* An applicant may request reviews be conducted parallel to one another, or concurrently (Junction City Municipal Code 17.150.130). If reviewed concurrently, they will be reviewed under the highest Land Use classification (i.e. a Type I review application concurrent with a Type IV, both are reviewed as a Type IV).



CITY OF JUNCTION CITY LAND USE APPLICATION

1171 Elm Street/PO Box 250 Junction City OR 97448
Ph 541-998-4763 ■ jcplanning@ci.junction-city.or.us ■ www.junctioncityoregon.gov

Date Submitted:	Received By:	Fee Paid: \$	Supplemental Application:
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Section 1
LAND USE ACTION (SEE TABLE 1):

Section 2	
Site Address:	Location Description:
Property Size:	Assessor's Map & Tax Lot #:
Present Use:	Proposed Use:
Brief Summary of Action Requested:	
Are there other permit applications associated with this application? If yes, list:	

Section 3
I have the following legal interest in the property (Circle one):
<input type="checkbox"/> Owner of Record <input type="checkbox"/> Lessee <input type="checkbox"/> Contract Purchase <input type="checkbox"/> Holder of an exclusive Option to Purchase
<i>Written authorization from the owner to act as his/her agent must be provided if not the owner of record</i>

Section 4	
Applicant:	
Address:	
Phone:	E-Mail:
Property Owner:	
Address:	
Phone:	E-Mail:
Contact: (if different than Applicant)	
Address:	
Phone:	E-Mail:

City of Junction City
LAND USE APPLICATION

Section 5

Required Information	
	Written statement describing proposal in detail
	Narrative Statement explaining how the application complies with all relevant criteria with enough detail for review and decision-making. <i>Note: See Type I information, at the beginning of this packet, for the municipal code chapters and/or sections related to your land use request</i>
	Three (3) paper copies of application packet including any plan sets
	Digital copy of application packet including any plan sets
	Non-refundable Application Fee

Section 6

Supplemental Application:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attachment(S):	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 7

Your signature below acknowledges the following:

- 1. Payment of the base fee may not cover the City's costs associated with processing the Application.**
Per Resolution 1053: All direct costs for contracted services shall be charged monthly to the applicant in the amount billed to City. Contracted city services include, but are not limited to, city engineer, city attorney, building inspector, traffic consultant, &/or wetlands specialist. Direct costs 30 days past due shall be charged 9% interest in addition to the amount billed to the City.
- 2. The foregoing statements and other information attached hereto are true and accurate to the best of my knowledge and belief.*
- 3. Signer agrees to pay all direct costs associated with processing this land use application.*

Applicant Signature:

Date:



CITY OF JUNCTION CITY

LAND USE APPLICATION

SIGN PERMIT

1171 Elm Street/PO Box 250 Junction City OR 97448

Ph 541-998-4763 ■ jcplanning@ci.junction-city.or.us ■ www.junctioncityoregon.gov

Date Submitted:	Received By:	Fee Paid: \$	File #:
Property Description	Map No.	Tax Lot(s):	
	Allowable Area:	Area Approved:	
Zoning District:	Approved By:	Date Approved:	

Sign standards; see Junction City Municipal Code Chapter 17.115. The Sign Code is available on-line at www.junctioncityoregon.gov. Contact the Planning Department at 541-998-4763 with sign permit questions.

Complete all fields on the application form below and on reverse.

Site Address:			
Contractor:		Contractor Phone:	
Contact Address:		Contractor Email:	
Electrical Permit Required : Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Electrical permit required	Sign Type: <input type="checkbox"/> Ground* <input type="checkbox"/> Wall*	<input type="checkbox"/> Projecting* <input type="checkbox"/> Free Standing*	<input type="checkbox"/> Roof*
*May require a building permit			
Sign Dimensions in feet:			
Horizontal:	Vertical :	Number of Faces:	Total Sign Area: sq. ft.
Height to bottom of sign:	Lot Frontage:	Building Frontage:	
Pre-Existing Signs to Remain? <input type="checkbox"/> Yes <input type="checkbox"/> No List signs to remain and dimension(s) of each			
I, the undersigned applicant to hereby swear or affirm that the above information is true and correct to the best of my knowledge in accordance with the ordinances of the City of Junction City, and the sign shall be constructed in conformance with the requirements of the Uniform Sign Code.			
Signature of Applicant		Date	

Daily Display Signs in Right-of-Way Only

Applicant agrees to hold harmless and indemnify the City of Junction City, Oregon from any and all liability for injury to persons or property occurring as a result of the sign placed in the right-of-way.

Signature of Applicant	Date
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CITY OF JUNCTION CITY **SIGN PERMIT APPLICATION**

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Site Plan

Please sketch or attach a drawing detailing sign dimensions and the location in relation to the property lines, building, and existing or proposed driveways.

A large, empty rectangular box with a thin black border, intended for the applicant to draw a site plan showing sign dimensions and location relative to property lines, buildings, and driveways.



APPLICATION FOR STRUCTURAL PERMIT Description of Work:	DEPARTMENT USE ONLY	
	Permit #:	
	By:	Date:

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

JOB SITE INFORMATION	OWNER INFORMATION
Address:	<i>I am the property owner doing my own work</i> (initial): _____
City:	
Parcel #:	Owner Name:
Directions to work site:	Mailing address:
	City/State/ZIP:
	Phone: _____ Cell: _____
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email: _____

OTHER APPROVALS		
Zoning	Floodplain	Onsite
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Approval: Date: _____ Parcel #: _____	Approval:	Approval: Date: _____ Parcel #: _____

(1) Valuation Information	
(a) Job description:	
(b) Occupancy:	
(c) Construction type:	
(d) Square feet:	
(e) Cost per square foot (April ICC):	
(f) Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Repair	
(g) Is this a foundation ONLY permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(h) Is this a plan review ONLY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(i) Total valuation:	

(2) Building Fees		Contractor:	
(a) Permit fee:		Address:	
(b) 12% surcharge:		City/State/ZIP:	
(3) Plan Review		Phone:	
(a) Plan review (permit fee x .65)		Email:	
(b) Fire & Life Safety (permit fee x .40)		BCD license:	
Subtotal of fees above:		CCB license:	
(4) Miscellaneous Fees			
(a) Seismic review – permit fee x 0.01			
Total Due:			

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

Applicant Name:	
Mailing Address:	
City/State/ZIP:	
Phone:	
Email:	
Signature:	Date:

FOR DEPARTMENT USE ONLY

Temp Electrical: Yes <input type="checkbox"/> No <input type="checkbox"/>		Low-Voltage: Yes <input type="checkbox"/> No <input type="checkbox"/>		Irrigation System/Backflow Device: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Planning Department Review					
Setbacks		Front:		Lot Coverage:	
Side:		Back:		Building Height:	
				Permit Fees	
				Permit fees are based on the value of work performed. Fee methodology is set by the Building Codes Division.	
Zoning:		Address Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>		Structural Permit:	
Construction Excise Tax: Yes <input type="checkbox"/> No <input type="checkbox"/>		In Flood Zone: Yes <input type="checkbox"/> No <input type="checkbox"/>		▪ 12% Surcharge	
Zone of Benefit: Yes <input type="checkbox"/> No <input type="checkbox"/>		Flood Zone:		Plumbing Permit:	
City Resolution #		Flood Ins. Rate Map #:		▪ 12% Surcharge	
Pre-Paid Amt: \$ Date:		Elevation Certificate Req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>		Mechanical Permit:	
Historic Site: : Yes <input type="checkbox"/> No <input type="checkbox"/>		# of Street Trees:		▪ 12% Surcharge	
Wetland: Yes <input type="checkbox"/> No <input type="checkbox"/>		Off-Street Parking Spaces:		Electrical Permit:	
Special Conditions:				▪ 12% Surcharge	
				Plan check fee	
				▪ Flood Plain Permit	
Approved by:				Date:	
				Total: \$	



ELECTRICAL PERMIT APPLICATION	DEPARTMENT USE ONLY	
	Permit #:	
	By:	Date:
	Zoning approval verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CONSTRUCTION CATEGORY
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Mfd Dwelling <input type="checkbox"/> Res Accessory Structure <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Multifamily <input type="checkbox"/> Mixed Use
TYPE OF WORK
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other <input type="checkbox"/> Replacement <input type="checkbox"/> Tenant Improv.
JOB SITE INFORMATION & LOCATION
Job site address:
City/State/ZIP:
Project Name:
Parcel #:
Directions to job site:
DESCRIPTION OF WORK
Job # (optional):
PROPERTY OWNER INSTALLATION
Name:
Address:
City/State/ZIP:
Phone:
Email:
<input type="checkbox"/> Owner acknowledges installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. ORS 479-540(1) and 479.560(1).
Signature: _____
CONTRACTOR INSTALLATION
Business name:
Address:
City/State/ZIP:
Phone:
Email:
Contractor CCB license #:
BCD license #:
Name of signing supervisor:
Signature: _____
SS Lic #:

ELECTRICAL FEE SCHEDULE			
	Fee	Qty	Total
New 1&2 Family – service & attached garage included			
1,000 sq. ft or less (per unit)	139.00		
Each additional 500 sq. ft. or portion thereof	25.00		
Limited energy, new construction	32.70		
Each Manuf. Dwelling or Modular service or feeder	104.00		
New Multifamily – total # of units:			
Use 1&2 Family rates above for largest sq ft unit – cost of largest unit /2 x number of remaining units			
Multifamily limited energy, by floor	32.70		
Services or feeders (installation, alteration, relocation)			
200 amps or less	104.00		
201 to 400 amps	123.00		
401 to 599 amps	205.00		
600 to 1,000 amps	267.00		
Over 1,000 amps or volts	614.00		
Reconnect only	82.00		
Temp. services or feeders (installation, alteration, relocation)			
200 amps or less	82.00		
201 to 400 amps	113.00		
401 to 599 amps	164.00		
600 to 1,000 amps	238.00		
Over 1,000 amps or volts	553.00		
Branch circuits (new, alteration, extension per panel)			
<i>Fee for branch circuits with purchase of a service or feeder fee:</i>			
Each branch circuit	5.25		
<i>Fee for branch circuits without purchase of a service or feeder fee:</i>			
First branch circuit	70.00		
Add'l branch circuits	5.25		
Renewable Energy			
5 kva or less	104.00		
5.01 kva to 15 kva	123.00		
15.01 kva to 25 kva	205.00		
Wind Generation Systems greater than 25 kva			
25.01 to 50 kva	267.00		
50.01 kva to 100 kva	614.00		
Solar Generation Systems greater than 25 kva			
25kva rate above + ea addtl kva	8.00		
Miscellaneous (service or feeder <i>not</i> included)			
Each pump or irrigation circle	82.00		
Each sign or outline lighting	82.00		
Signal, circuit or a limited-energy panel, alteration or extension	82.00		
Subtotal: (add ALL fees) – minimum fee \$			
12% surcharge (.12 x subtotal)			
Plan review, if req. - .25 % of subtotal			
GRAND TOTAL (fees and surcharges)			

**GENERAL PLAN NOTES:
OUTPATIENT CLINIC (3880 SF)**

PROJECT LOCATION: 13TH ST, JUNCTION CITY, OREGON
 CODE: 2022 OREGON STRUCTURAL SPECIALTY CODE (OSSC)
 OCCUPANCY: GROUP B - BUSINESS
 CONSTRUCTION TYPE: V-B (UNPROTECTED WOOD FRAME)
 SPRINKLERS: NOT REQUIRED
 SEISMIC DESIGN CATEGORY: D1
 RISK CATEGORY II

1. BUILDING CODE COMPLIANCE:

-ALL WORK SHALL CONFORM TO THE 2022 OSSC AND ALL APPLICABLE OREGON SPECIALTY CODES INCLUDING THE 2021 OREGON ENERGY EFFICIENCY SPECIALTY CODE (OEESC), OREGON FIRE CODE(OFC), AND OREGON ACCESSIBILITY CODE.
 -CONTRACTOR SHALL COMPLY WITH ALL LOCAL UTILITY, ENVIRONMENTAL, AND JURISDICTIONAL PERMITTING REQUIREMENTS.
 -THE BUILDING IS CLASSIFIED AS GROUP B, SINGLE-STORY, NON-SPRINKLERED

2. ACCESSIBILITY REQUIREMENTS

-ALL ELEMENTS OF THE FACILITY OPEN TO THE PUBLIC SHALL COMPLY WITH OSSC CHAPTER 11, ICC A17.1-2009, AND THE 2010 ADA STANDARDS FOR ACCESSIBLE DESIGN.
 -AT LEAST ONE ACCESSIBLE ENTRANCE RESTROOM, ROUTE, AND PARKING STALL (VAN ACCESSIBLE) SHALL BE PROVIDED.
 -ALL DOOR HARDWARE ON ACCESSIBLE DOORS SHALL BE OPERABLE WITH ONE HAND AND SHALL NOT REQUIRE TIGHT GRASPING, PINCHING, OR TWISTING OF THE WRIST (LEVER-TYPE OR PUSH/PULL HARDWARE REQUIRED)
 -MINIMUM CLEAR OPENING WIDTH: 32" WITH DOOR OPEN 90 DEGREES.
 -MAXIMUM THRESHOLD HEIGHT: 1/2" (BEVELED IF OVER 1/4")

3. EGRESS AND LIFE SAFETY

-OCCUPANT LOAD IS CALCULATED AT 150 SF /PERSON: 26 OCCUPANT LOAD.
 -AT LEAST ONE EXIT REQUIRED; TWO EXITS PROVIDED FOR COMPLIANCE AND REDUNDANCY.
 -MEANS OF EGRESS ILLUMINATION SHALL BE PROVIDED FOR COMPLIANCE WITH TRAVEL DISTANCE AND REDUNDANCY.
 -MEANS OF EGRESS ILLUMINATION SHALL BE PROVIDED PER OSSC SECTION 1008
 -EXIT SIGNS AND EMERGENCY LIGHTING SHALL BE INSTALLED AT ALL EXIT ACCESS POINTS AND EXIT DISCHARGE LOCATIONS AND SHALL ILLUMINATE UPON LOSS OF POWER.
 EMERGENCY LIGHTING SHALL BE PROVIDED IN CORRIDORS, LOBBIES, RESTROOMS, AND OTHER EXIT PATHWAYS, IN ACCORDANCE WITH OSSC SECTION 1008 AND NFPA 101

4. FIRE PROTECTION

-PER OSSC SECTION 903, AUTOMATIC SPRINKLERS ARE NOT REQUIRED DUE TO SIZE AND OCCUPANCY TYPE.
 -FIRE EXTINGUISHERS SHALL BE PROVIDED PER OSSC SECTION 906 AND OFC SECTION 906
 -MINIMUM 1-A: 10-B-C TYPE REQUIRED.
 -TRAVEL DISTANCE TO EXTINGUISHERS SHALL NOT EXCEED 75 FEET.
 -MOUNT EXTINGUISHERS WITH TOP NO HIGHER THAN 48" ABOVE FINISH FLOOR AND BOTTOM NOT LOWER THAN 4"
 -WALL MOUNTED EXTINGUISHERS SHALL BE SHOWN ON THE FLOOR PLANS AND COORDINATED WITH FINAL FIRE DEPARTMENT REVIEW.

5. DOOR & HARDWARE REQUIREMENTS

-ALL EGRESS DOORS SHALL SWING IN THE DIRECTION OF EGRESS TRAVEL WHERE SERVING AN OCCUPANT LOAD OF 50 OR MORE (NOT APPLICABLE IN THIS CASE)
 -ALL REQUIRED EXIT DOORS SHALL BE READILY OPENABLE FROM THE EGRESS SIDE WITHOUT THE USE OF A KEY, SPECIAL KNOWLEDGE, OR EFFORT (NO THUMB-TURN DEADBOLTS OR DOUBLE-CYLINDER LOCKS)
 PANIC HARDWARE IS NOT REQUIRED (GROUP B < 50 OCCUPANTS)
 -ALL INTERIOR DOORS ON ACCESSIBLE ROUTES MUST MEET MANUEVERING CLEARANCE PER ICC A117.1

6. STRUCTURAL DESIGN CRITERIA

GROUND SNOW LOAD: 20 PSF
 WIND LOAD: 115 MPH (VULT), EXPOSURE B OR C (SITE SPECIFIC)
 SEISMIC DESIGN CATEGORY: D1
 FLOOR LIVE LOAD: 50 PSF
 ROOF LIVE LOAD: 25 PSF
 RISK CATEGORY: II

7. ENERGY CODE COMPLIANCE

-BUILDING SHALL COMPLY WITH 2021 OEESC (BASED ON IECC 2021)
 INSULATION, HVAC, LIGHTING AND BUILDING ENVELOPE PERFORMANCE SHALL MEET PRESCRIPTIVE OR PERFORMANCE PATH COMPLIANCE
 LIGHTING CONTROLS, DAYLIGHTING ZONES AND OCCUPANCY SENSORS REQUIRED PER OEESC SECTION C405

8. GENERAL CONSTRUCTION NOTES

1. CONTRACTOR SHALL VERIFY ALL DIMENSIONS, ELEVATIONS AND CONDITIONS IN THE FIELD PRIOR TO CONSTRUCTION.
2. ALL PENETRATIONS THROUGH RATED ASSEMBLIES (IF ANY) MUST BE RESTOPPED WITH LISTED SYSTEMS PER OSSC CHAPTER 7
3. ALL MATERIALS AND EQUIPMENT SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS AND APPLICABLE CODES.
4. ANY DEVIATION FROM APPROVED PLANS SHALL BE SUBMITTED TO DESIGN PROFESSIONAL AND AUTHORITY HAVING JURISDICTION (AHT) FOR APPROVAL.
5. CONTRACTOR SHALL COORDINATE WITH UTILITIES FOR FINAL SERVICE CONNECTIONS.

**PLUMBING FIXTURE SCHEDULE
(TABLE 422.1-GROUP B OCCUPANCY)**

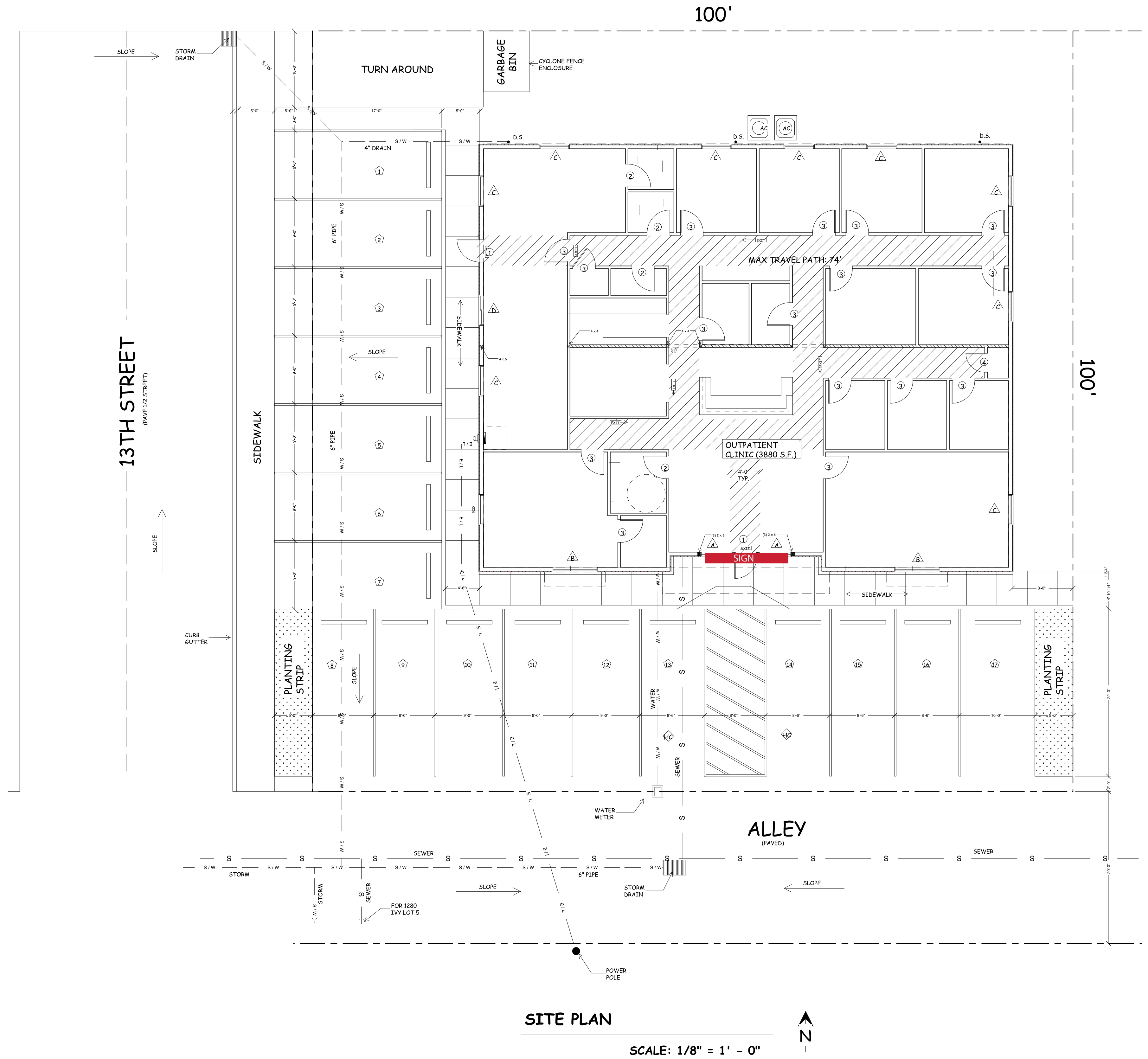
FIXTURE	REQUIRED QTY
WATER CLOSETS (WC)	2 (1 MALE, 1 FEMALE)
LAVATORY (LAV)	2 (1 MALE, 1 FEMALE)
DRINKING FOUNTAIN	1
MOP SERVICE SINK	1

PARKING REQUIREMENTS

VEHICLE PARKING REQUIREMENTS:
 PER JUNCTION CITY MUNICIPAL CODE 1790 AND SIMILAR DEVELOPMENT REVIEWS, OUTPATIENT MEDICAL/ DENTAL CLINICS REQUIRE:
 -1 PARKING SPACE PER 600 SQ. FT. OF GROSS FLOOR AREA
 -FOR 3880 SQ. FT: 3880 /600 = 6.47, ROUNDED UP TO 7 SPACES MINIMUM.
 -RECOMMENDED PROVISION: ADD A BUFFER -8 TOTAL SPACES TO ENSURE COMPLIANCE AND ACCOMMODATE STAFF PATIENTS COMFORTABLY.
 BICYCLE PARKING REQUIREMENTS:
 -1 BICYCLE PER 10 VEHICLE SPACES
 -PLAN FOR AT LEAST 1 SHORT-TERM BICYCLE PARKING SPACE, BUT IDEALLY 2 FOR FUTURE FLEXABILITY. 2 PROVIDED.



VICINITY MAP
 N
 NTS



SITE PLAN
 SCALE: 1/8" = 1' - 0"
 N

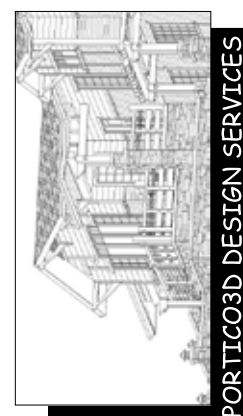
LEGAL DESCRIPTION
 TAX MAP #: 15-04-32-24
 TAX LOT #: 09300
 LOT #: 9300
 ADDRESS: 325 W 13TH AVE, JUNCTION CITY, OR 97448
 ACREAGE: .17
 ZONING: C-COMMERCIAL

PAGE SCHEDULE
 PAGE CS: CODE SUMMARY, PAGE SCHEDULE, SITE PLAN, VICINITY MAP
 PAGE A1: ELEVATIONS
 PAGE A2: PROPOSED FLOOR PLAN
 PAGE A3: FOUNDATION PLAN AND DETAILS
 PAGE A4: ROOF FRAMING PLAN
 PAGE A5: SECTION & WALL DETAILS
 PAGE A6: REFLECTED CEILING PLAN & EGRESS PLAN
 PAGE A7: ACCESSIBILITY DETAILS

DESIGNED FOR:
 A PROPOSED CLINIC @
 13TH STREET
 JUNCTION CITY, OR

PORTCOB DESIGN SERVICES
 175 BUSHMILL LN
 EUGENE, OREGON
 97401

DRAWING(S): GENERAL NOTES, SITE PLAN, ENERGY CODE SUMMARY, VECINITY MAP
 SCALE: NOTED
 DATE: 6-11-25
 DRAWN BY: JMR



REVISIONS:

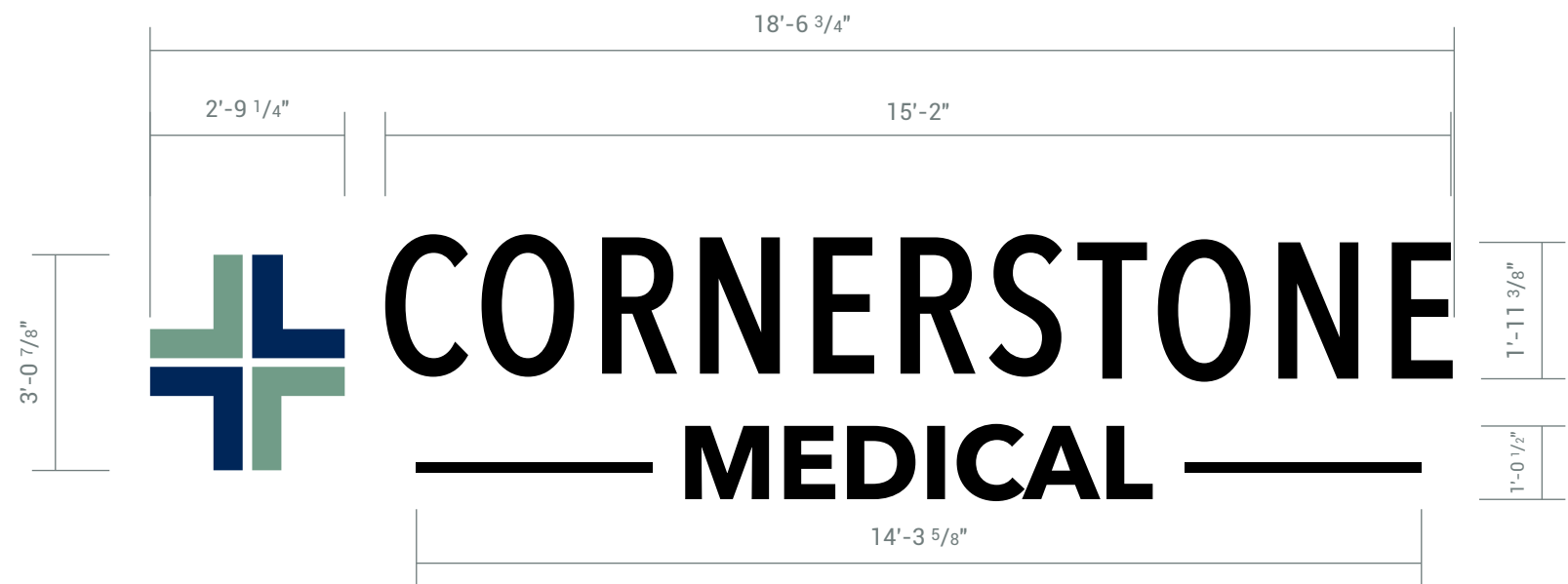
SHEET:
 CS
 OF:
 CS



SCALE: 1/8" = 1'



SIMULATED NIGHT VIEW



A MFR. & INSTALL (1) S/F WALL SIGN
SCALE: 3/8" = 1'

A SPECIFICATIONS

- 3" DEEP FABRICATED PAINTED ALUMINUM "CORNERSTONE" & LOGO REVERSE CHANNEL LETTERS WITH BLUE LED HALO ILLUMINATION
- 1/4" FCO PAINTED ALUM. "MEDICAL" & BARS - NON-LIT
- 104' COIL
- 1/3 OF A 4X8 ALUM FOR FCO'S
- (1) 4'X10' FOR CHANNEL LETTERS

COLORS

- PAINTED GLOSS WHITE W/ DIGITAL PRINT VINYL OVERLAY - GLOSS LAMINATE

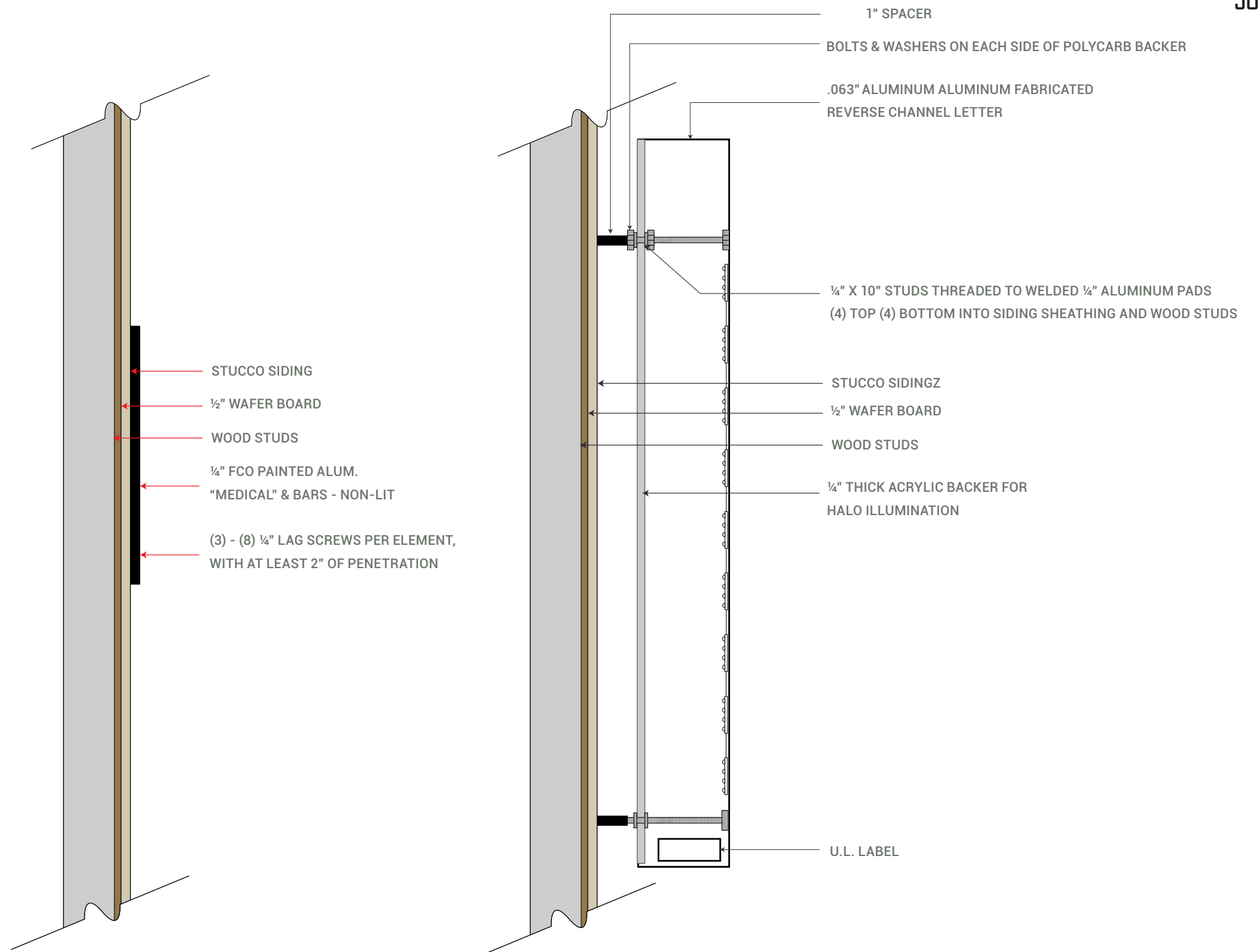
ART DISCLAIMER

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S/F WALL SIGN

SCALE: NOTED	CLIENT CORNERSTONE MEDICAL	PROJECT SIGN PROGRAM	ADDRESS 325 W 13TH AVE, JUNCTION CITY, OR 97448	SALES CM	DESIGN D.CULNANE	DATE 10.28.25	4051 W. 1ST AVE. EUGENE, OR 97402 541.484.1482 www.imagekingsigns.com
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WALL SIGN ATTACHMENTS

SCALE: NTS	CLIENT CORNERSTONE MEDICAL	PROJECT SIGN PROGRAM	ADDRESS --	SALES CM	DESIGN D.CULNANE	DATE 10.28.25	4051 W. 1ST AVE. EUGENE, OR 97402 541.484.1482 www.imagekingsigns.com
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