

Nottingham Township

909 Sugar Run Road
Eighty Four, PA 15330
(724) 348-5622 • Fax (724) 348-8822

Commercial Building Permit Application Requirements

Construction drawings are necessary to obtain a building permit for most structures. Only complete applications that include construction drawings and other required documents, as described below, will be accepted for review.

Plans and drawings supplied for planning or zoning review and approval will not be transferred to the building department and copies of the approved plans must be submitted along with the application.

Once plans are submitted, any revision to the project that alters the original description must be approved.

This checklist is provided to insure you have all materials necessary to submit for your project. This checklist will be used to review your application submittal for acceptance. **Plans will not be accepted if the checklist is not followed.**

All documents are to be prepared, sealed and signed by a licensed Architect or professional engineer under the Architects Licensure Law (63 P.S. §§ 34.1-34.22), or the Engineer, Land Surveyor and Geologist Registration Law (63 P.S. §§ 148-158.2)

FOR QUESTIONS OR TO SCHEDULE AN APPOINTMENT CONTACT THE BUILDING DEPT.

Don Hindman, Building Inspector, 724-745-8880

GENERAL REQUIREMENTS FOR SUBMITTAL *(As applicable)*

- Completed Permit Application.
- Site Plan showing the dimensions and setbacks of existing and proposed structures.
- Contractors Certificate of Workers Compensation, listing the Township as the certificate holder, or waiver.
- Proof of property ownership. *(Deed)*
- Proof of accepted means of sewage disposal, septic / municipal.
- PA DOT Highway Occupancy Permit, if accessing a state highway.
- **See attached application requirements for commercial plan submission. Apply requirements as applicable.**
- All documents which are prepared by state licensed professional(s) shall be stamped and wet signed (including revisions) before issuance of permits.
- Proof of electrical plan review and approval from Middle Department Inspection Agency
- 3 complete sets of architectural / structural drawings
- For sites with multiple buildings or structures on 1 parcel; provide a separate application and address or designation for each.

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Permit No. _____

Commercial Building Permit Application

A. Applicant:						Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized agent of owner							
Name / Co.						Phone							
						Email							
Street address				Suite		City				State		Zip	
B. Owner (if different from applicant)													
Name / Co.						Phone							
						Email							
Street address				Suite		City				State		Zip	
C. Property information:													
Street address				Parcel ID.				Lot No.					
City			State		Zip		Plan Name						
D. Purpose of application:													
<input type="checkbox"/> New Construction			<input type="checkbox"/> Addition to			<input type="checkbox"/> Alteration / repair			<input type="checkbox"/> Demolition		<input type="checkbox"/> Other		
Contractor						Phone							
						Email							
Description of proposed work													
Area of work (sq.ft.)				No. stories or levels				Project value est. \$					
E. Declaration of applicant													
<p>I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED ABOVE ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT AND HEREBY APPLY FOR A BUILDING PERMIT TO PERFORM THE WORK ON THE PREMISES AS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT I MUST COMPLY WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES AS ADOPTED BY THE TOWNSHIP AND THE UNIFIED CONSTRUCTION CODE OF PENNSYLVANIA.</p>													
_____						_____							
Signature of applicant						Date							

Date Received		Occupancy Classification		Type Construction		Building Code Version			
Permit Fee \$		Elec. Fee \$ (Buy Others)		Admin Fee \$		State Fee \$ 4.50		Total \$	
Zoning Officer						Date			
Building Code Official						Date			

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Permit No. _____

SEALED SURVEY WAIVER

(NOT TO BE USED FOR NEW SINGLE FAMILY DWELLINGS)

The Township, at its sole discretion, reserves the right to require a sealed survey prior to the issuance of any construction, grading alteration, demolition or other permit.

NOT TO BE USED FOR NEW RESIDENTIAL HOMES or COMMERCIAL BUILDINGS

Parcel Id. No. _____

I, _____, certify that the information shown
(PRINT NAME)
on the accompanying drawing is representation of my existing home and property lines. All information is correct and true and all easements, right-of-ways, buildings, property lines, setbacks and any other recorded requirements are shown on the drawing.

I further understand that I am solely responsible for showing all recorded information and agree that Nottingham Township is neither responsible for providing nor keeping records of deeds and recordings of properties within the Township and that the Township is not responsible for the removal, demolition or damages incurred by the property owner should this structure encroach on or into any unidentified easement or other as above mentioned.

Signature: _____ Date: _____

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Workers' Compensation Insurance Coverage Information (Attach to building permit application)

- A. The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law Yes No

If "Yes", Complete sections B and C below as appropriate

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation. Certificate Attached.

Name of Workers' Compensation Insurer _____

Workers' Compensation Policy No. _____

Policy Expiration Date _____

C. Exemptions

Complete section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons as indicated:

- Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township**
- Religious exemption under the Workers' Compensation Law

Subscribed and sworn to before me this

____ Day of _____ 20 ____

(Signature of Notary Public)

My commission expires: _____

(SEAL)

Signature of applicant: _____

Address: _____

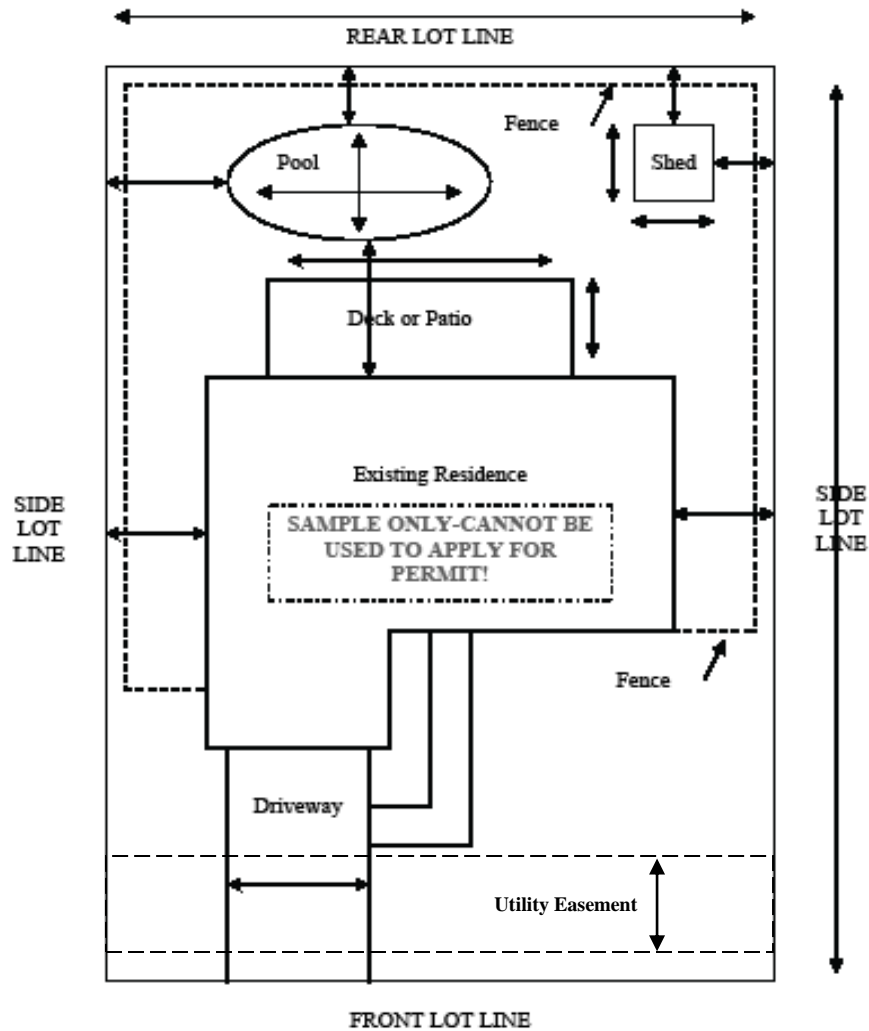
County of: _____


Municipality of: _____

TYPICAL SITE PLAN (EXAMPLE ONLY)

All existing structures & proposed structures applied for under permit must be drawn on copy of survey/site plan.

Copy of completed survey must be submitted with permit application.



Include all dimensions where  lines are shown.

Example:  25'6"

Nottingham Township

Any information marked N/A must be explainable. An incomplete checklist is grounds for denial of application.

TITLE SHEET:

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | a. Name and address of the owner |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | b. Name person preparing the plans |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | c. Project Name and address of the proposed building site location |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | d. Use group classification (IBC Chapter 3) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | e. Type of construction proposed (IBC T601) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | f. Height and area limitations (IBC T503) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | g. Allowable increase in height or area (IBC 506.2) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | h. Building code reference |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | i. Index |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | j. Date of completion / revision block |

SITE PLANS:

- | | | |
|------------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | a. North arrow, and separate vicinity (site location) map. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | b. Show the correct street address, parcel number and required municipal zoning (if there is local zoning ordinance) on the site plans. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | c. Show and identify all property lines and rights-of-way, with distance from property lines and adjacent buildings on site plans. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | d. Show accessible curb cuts, ramps and access ways to the building. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | e. Show all existing and proposed driveway entrances. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | f. Show all easements, flood ways, and required buffers. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | g. Show existing and proposed utilities (with backflow preventers) to serve the site. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | h. Show existing and proposed finish grades. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | i. Show all required parking and loading spaces and calculations. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | j. Show all accessible parking spaces |

FOOTING / FOUNDATION PLANS: N/A

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | a. Concrete / masonry specification sheet |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | b. Provide preliminary soil analysis data from licensed engineer, if required. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | c. Provide plan view of footing indicating locations of any changes in detail, grade beams, pilings, pads or other |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | d. Provide footing schedule, required reinforcing and details of all specific parts thereof |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | e. Show the established footing depth below grade and method of frost protection |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | f. Provide any special details as required for foundation or building anchorage tie downs or other |

- | | | | | |
|--------------------------|-----|--------------------------|-----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | g. Show foundation plans indicating the proposed slab elevations and type of (i.e., mat foundation, caissons, spread footings, etc.). |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | h. Show type, size and location of piling and pile caps for pile foundation. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | i. Provide foundation specifications in sufficient detail of all aspects of the foundation for review |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | j. Indicate the thickness of the floor slab, size of reinforcing, slab elevations, insulation and sub straight preparation, vapor barrier. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | k. Indicate location, size and amount of reinforcing steel. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | l. Show foundation corner reinforcing bars and minimum overlapping (as applicable to project structure). |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | m. Show foundation water-proofing, if applicable. |

STRUCTURAL PLANS:

N/A

- | | | | | |
|--------------------------|-----|--------------------------|-----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | a. Show beams, joists, girders, rafters, and/or truss layouts and details of connections, structural steel stud gage, gage size, and connections. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | b. Indicate the sizes and species of all wood members and their respective design strength. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | c. Show all columns, girders, joists, purlins, beams and base plates; for wood construction show all headers. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | d. Provide a complete lintel schedule. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | e. Indicate the type of anchoring for steel bearing directly on masonry. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | f. Indicate design dead and live, wind, snow, seismic loads for floor areas, roofs, balconies, porches, breezeways, corridors, stairs, mezzanines and platforms. Show concentrated loads, i.e. file rooms, machinery and forklift areas, if greater than those shown on the Code Summary Sheet. Identify shear walls, bracing, strapping fastening, reinforcement and any special anchoring required. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | g. Where applicable, indicate on roof framing plan where concentrated loads (mechanical equipment, cranes, etc.) will be placed. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | h. Indicate on foundation and framing plans the location and lateral load resisting system. (Show walls, braced frames, moment connections, etc.) |

ARCHITECTURAL PLANS:

- | | | | | |
|--------------------------|-----|--------------------------|-----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | a. Show architectural floor plans of each floor. These pages must be at least 18" x 24" in size (but not more than 36" x 42"), drawn to a scale of not less than 1/8" = 1'. Indicate (or reproduce) the approved, tested hourly rating, number and location of all rated members and assemblies (walls, columns, beams, floor and ceiling, and ceiling and roof fire-rated design assemblies). |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | b. Identify all walls that must be fire-resistance rated and indicate the type of fire-rated assembly and the fire-resistance rating that will be permanently affixed to every wall that is required to have protected openings or penetrations. Drawings lacking this information will be rejected. |

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|------------------------------|------------------------------|----|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | c. | Show the square footage of each floor on the corresponding floor plans. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | d. | Identify the names and uses of each room. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | e. | Furnish door schedule(s), including size, type, rating (if any) and hardware. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | f. | Provide all glazing schedules. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | g. | Show elevations with dimensions defining overall building height, floor-to-floor heights or heights to ridge and eave as applicable to the type of building construction listed on the UCC application. (Note: Where an existing building is involved, photographs of all sides of the building may be submitted to show elevations. These will be acceptable only if they show all elements necessary to determine compliance with the UCC.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | h. | Provide basement percentage-below-grade calculations. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | i. | Indicate roof slopes, drainage system and sized through wall scuppers, if applicable to the project. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | j. | Show fixed seating for assembly occupancy to allow determination of occupancy posting required by <i>International Building Code</i> . |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | k. | Show all wall sections with proposed material sizes, construction and UL fire rating no. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | l. | Show proposed plumbing fixtures and privacy screens on the plans. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | n. | If appropriate for the proposed occupancy, plans should identify all hazardous material control areas, fire barriers and the required fire-resistance ratings for these barriers. All identified control areas shall list the name, class, quantity and method of storage of all hazardous materials processed, manufactured or used in a manufacturing process and contained within its fire barriers. Provide a Material Safety Data Sheet for each listed hazardous material. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | o. | All penetrations of fire-rated construction must be per manufacturer's details. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | p. | Show penthouse drawings. |
| | | q. | Provide on the drawings the calculations for the means of egress widths for the entire floor occupancy load and the existing capacity of all exits including all stairs, doors, corridors and ramped exits. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | r. | Show required ventilation louvers and vent sizes. |

FIRE PROTECTION PLANS: N/A

- | | | | |
|------------------------------|------------------------------|----|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | a. | Complete a sprinkler design data sheet and include it on the first plan of the sprinkler drawings. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | b. | Show floor plans for each floor with sprinkler piping layout, pipe sizes, pipe hanger details, piping materials, doors, walls and room identities. Often, these shop drawings are not available at the time of initial plan submission. If this is the case, write in "NA," but note the following: |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | c. | Show ceiling plans with sprinkler head(s) layout, walls, soffits, openings, doors, dimensions and room identities. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | d. | Verify system design by providing hydraulic calculations along with the following: hanger details, piping materials, doors, walls and room identities. |

Recent water flow test

Type of backflow-preventer or reduced pressure zone showing equivalent foot los

- | | | | |
|------------------------------|------------------------------|----|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | e. | Fire pump summary
Note the type of sprinkler system used (e.g., 13, 13D, or 13R) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | f. | For residential occupancies such as apartments and condominiums, show sprinkler head locations at breezeways, if applicable. |

- | | | | |
|------------------------------|------------------------------|----|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | g. | Indicate the certified testing laboratory agency (e.g., U.L.), their test number and hourly ratings of all new and/or affected rated members and assemblies (i.e. columns, beams, floor/ceiling and ceiling/roof fire-rated design assemblies). Show all new and/or affected fire-rated walls with their ratings, if not shown elsewhere. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | h. | All penetrations of fire-rated construction must be per manufacturer's details. Details shall meet or exceed ratings of construction being penetrated. The penetration details shall be exactly as tested by a certified testing laboratory or agency and shall include their system numbers. All new penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | i. | Provide a fire alarm riser showing connection to a UL-approved central station. Show tamper switches on both OS and Y valves of backflow prevention device, unless shown elsewhere. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | j. | Indicate commodity class (per section 2303 of the <i>International Fire Code</i>) and height of any storage. |

SYSTEM CALCULATIONS (FIRE PROTECTION): N/A

Hydraulically calculated and pipe schedule fire systems should be designed with a 10 percent safety margin for all new buildings and additions to existing buildings. Calculations for hydraulic systems should include:

- | | | | |
|------------------------------|------------------------------|----|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | a. | Flow and pressure at each flowing sprinkler head. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | b. | Flow diagram for a grid system. |

PLUMBING PLANS: N/A

- | | | | |
|------------------------------|------------------------------|----|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | b. | Show interceptors as applicable to project and size by flow rate. (i.e., grease, oil, lint, acid, sand). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | c. | Provide plumbing plan layouts for each floor. These should show the water distribution and drain-waste-vent piping, and all details, notes, legends, and schedules necessary to define the system being installed. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | d. | Show the location of all major components required for a complete system. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | e. | Provide fixture and equipment schedule showing fixture number, detailed description, hot water, cold water, waste and vent connection sizes and other |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | f. | Identify all fixtures on floor plans and in riser diagrams with the plumbing fixture schedule number. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | g. | Supply and Waste/Vent piping shall be shown on the floor plans. All pipe sizes shall be clearly shown. In congested areas (e.g., restaurants, grocery stores, etc.), isometrics are required. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | h. | On buildings two stories and above, provide isometric diagrams and/or schematic riser diagrams for Supply and Waste/Vent piping and identify the risers by number (e.g., R1, R2, etc.). Show where all riser base terminations connect to the building drain, along with all interconnected piping on each floor plan. All pipe sizes shall be clearly defined. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | i. | Show the water, sanitary drain-waste-vent piping and storm leaders/drains. Indicate sizes and materials for above/below grade. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | j. | Show slope of horizontal sanitary and storm drains that equal or exceed 3" diameter, if less than 1/8" per foot. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | k. | Indicate roof drains and emergency roof drains/scuppers with the areas they impact. Note that "emergency" = "secondary" = "overflow"; see following roof drainage examples: |

- | | | | | | |
|--------------------------|-----|--------------------------|-----|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | l. | Show toilet room layouts with minimum of ¼ " = 1 foot scale. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | m. | Show drinking fountain locations. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | n. | All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed rating of construction being penetrated. The penetration details shall be exactly as tested by an approved testing laboratory or agency and shall include their system numbers. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | o. | Room names and numbers for each floor should be on a floor plan for each level. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | p. | Provide minimum facilities calculations. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | q. | Column line notations, if provided on the architectural/structural plans, shall be indicated on the plumbing plans. |

MECHANICAL PLANS:

N/A

- | | | | | | |
|--------------------------|-----|--------------------------|-----|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | a. | Show all required wall louvers, penetrations and fans. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | b. | Indicate roof-mounted equipment locations. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | c. | Show all mechanical equipment, piping, ductwork (above/below slab) on the mechanical floor and/or roof plan. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | d. | Provide mechanical plans for each floor and the roof. These shall show the ductwork layouts, schedules, notes, legends, piping schematics, and details necessary to define the system being installed. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | e. | Indicate air distribution devices and show cfm for all supply, return and exhaust devices. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | f. | Indicate the location of all equipment components required for a complete system. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | g. | Show the smoke ventilation of atriums and pressurization of high-rise stairwells. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | h. | Show condensation drains, primary and secondary, from the unit to the point of discharge. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | i. | Indicate toilet exhaust requirements. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | j. | Show mechanical room layouts at sufficient scale for dimensions and details to be ascertained. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | k. | Show the size of duct runs. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | l. | Indicate controls for fan shutdown: emergency manual and automatic smoke detection |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | m. | Show the location of all UL 555-certified fire dampers, ceiling radiation dampers, smoke dampers, and fire doors. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | n. | Show all fire-rated walls (both existing and new) with their ratings on the mechanical plans. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | o. | All penetrations of fire-rated construction must be per manufacturer's details. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | p. | Room names and numbers for each floor should be on a floor plan |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | q. | Provide outside air ventilation rate per the <i>International Mechanical Code</i> . |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | r. | Column line notations, if provided on the architectural/structural plans, shall be identified on the mechanical plans. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | N/A | s. | Provide gas piping layout on the floor plan for each floor. If it is a multi-story building, all gas piping shall be shown per floor. Include pipe sizes, water column, and type of material. Provide a schedule of connected equipment, total BTU demand, total equivalent length, and most remote gas appliance. |

ELECTRICAL PLANS:

Commercial Plans to be reviewed and approved 3rd Party Electrical Agency

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | a. Provide panel schedules with circuit and feeder loading, overcurrent protection, and NEC load summaries for all new and/or affected panels and services (loading has to be evaluated by highest phase); include fault current data, short circuit ratings and fault current protection coordination. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | b. Provide a single line riser diagram showing all new and/or affected services, feeders, wire sizes and insulation types, and conduit sizes and types. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | c. Indicate number of services and their physical locations; clearly indicate mains and characteristics. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | d. Indicate the grounding electrode conductor size with new and/or affected services and transformers; where necessary provide details or notes on methods. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | e. Show physical locations of all new and/or affected panels and switchgear (indicate front). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | f. Indicate receptacle plans with circuitry. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | g. Indicate lighting plans with circuitry. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | h. Show electrical plans for each affected floor, including the roof. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | i. Show wiring method(s), conduit sizes and types, termination temperature (60, 75, 90) requirements, conductor sizes and insulation types. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | j. Indicate the design and/or operation for any of the following applicable life safety systems: emergency generators, smoke evacuation, shaft pressurization and relief, smoke detection, egress and emergency lighting, and fire alarms. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | k. Provide all HVAC nameplate data, including MCA and MOCP. List all other appliance and/or equipment (other than those which will be connected to a general use receptacle) with nameplate data (i.e., voltage, phasing, HP, KVA, FLA, RLA, etc.). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | l. Indicate all motor horse power ratings, if not supplied elsewhere. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | m. Indicate the certified testing laboratory or agency (e.g., UL), their test # and hourly ratings of all new and/or affected rated members and assemblies (i.e. columns, beams, floor/ceiling, and ceiling/roof fire-rated design assemblies). Show all new and/or affected fire-rated walls with their ratings, if not shown elsewhere. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | n. All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed ratings of construction being penetrated. Penetration details shall be exactly as tested by an approved testing laboratory or agency and shall include their system numbers. New penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | o. Provide all applicable <i>International Energy Conservation Code</i> compliance data on the Building Code Summary sheet or on the electrical plans. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | p. All submittals should include a listing and labeling statement. (All electrical materials, devices, appliances and equipment shall be labeled and listed |

Energy Efficiency Compliance: N/A

Provide Prescriptive compliance legend or Alternative compliance worksheet (ComCheck)

- | | | |
|------------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | a. Envelope |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | b. Mechanical |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | c. Service Water Heating |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | d. Interior Lighting |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | d. Exterior Lighting |