

GENERAL BUILDING PERMIT (NO ADDITIONS) PLAN REVIEW CHECKLIST

I. Construction and Occupancy Check	N/A		Provided						
1. Was the previous occupancy verified for affected building or space?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
a. If yes, please identify source of occupancy: <input type="checkbox"/> ARCHIVE <input type="checkbox"/> PERMIT TRACKING <input type="checkbox"/> HANSEN <input type="checkbox"/> ECLIPSE									
b. Statement or Certificate of Occupancy: _____ (approved use group(s)) ___ / ___ / _____ (date issued)									
c. Use Registration Permit from Zoning only: _____ (number) ___ / ___ / _____ (date issued)									
2. Does the application propose a change of occupancy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>						
3. Will the change of occupancy affect: <input type="checkbox"/> a PORTION of the building or space OR <input type="checkbox"/> the ENTIRE building									
4. Proposed Occupancy Classification(s):	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	<input type="checkbox"/> B	<input type="checkbox"/> E		
	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2			<input type="checkbox"/> M				
	<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4
	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> U		
5. Compliance Path used for this review: _____									
6. How many stories is the existing building? _____									
7. What is the building's defined or equivalent type of construction under the current IBC? _____									
8. If construction type declared under a prior code edition please note the original type here: _____									
9. Does the existing building have a sprinkler system?	<input type="checkbox"/>	Yes	<input type="checkbox"/>						
a. If not, are sprinklers proposed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>						
b. Extent of coverage: <input type="checkbox"/> entire building <input type="checkbox"/> partial, note area(s): _____									
10. Does the existing building have standpipe(s)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>						
a. If not, are standpipes proposed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>						
11. Are any special occupancies found in IBC Chapter 4 present or proposed?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
II. Means of Egress									
1. How many exits are currently available? <input type="checkbox"/> ONE (1) <input type="checkbox"/> TWO (2) <input type="checkbox"/> THREE (3) <input type="checkbox"/> OTHER _____									
2. Is a change to the quantity or size of existing exits proposed?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
a. Will the quantity or width of exits: <input type="checkbox"/> INCREASE OR <input type="checkbox"/> DECREASE									

3. Is a change to the location of existing exits proposed?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
a. If relocated will exit remoteness be: <input type="checkbox"/> IMPROVED OR <input type="checkbox"/> WORSENERD								
b. Does exit access travel distance increase?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
i. If yes, is it still compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ (note linear feet)								
c. Do all new exits lead to: <input type="checkbox"/> a public way and / or <input type="checkbox"/> a compliant egress court that reaches a public way <input type="checkbox"/> other, note here _____								
4.a. What is the <u>calculated</u> occupant load? _____ 4.b. What is the <u>requested</u> occupant load? _____								
5. Do any spaces require a lawful occupancy sign?	<input type="checkbox"/>		Yes	<input type="checkbox"/>		No		
a. Describe spaces to be posted here _____								
6. Where occupant load exceeds fifty (50) do all doors swing in direction of egress travel?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
7. Are any existing open stairways required to be enclosed?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
a. Is the fire rating of exit enclosure satisfactory?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
b. Are fire doors provided?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
i. Is fire door rating satisfactory?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
ii. Are doors self-closing?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
III. Common Alteration Considerations - If NO alterations are proposed, please check here: <input type="checkbox"/>								
1. Is any alteration proposed that results in a less compliant condition than what currently exists?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
2. Is a primary function area affected by proposed alterations?			<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
a. If no, describe the affected area: _____ (e.g. utility space, corridor, kitchen, etc.)								
3. Is an accessible entrance to the building present?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
a. If not, is one proposed?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
a. Are Automatic Powered Doors at accessible entrances proposed?			<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Is an accessible route to the primary function area provided?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
a. If not, is one proposed?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
5. Are alterations limited solely to accessibility improvements?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

6. Are exterior wall infill, new partitions and floor-ceiling / roof assemblies consistent with construction type as defined in Table 601 of the IBC?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. If assembly materials or ratings result in a reduced type of construction does the occupancy allow such a reduction per Table 503 of the IBC?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8. Are any new exterior wall openings proposed at any story?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
a. If yes, is percentage of story and protection compliant with table 705.8 for fire separation distance and degree of provided protection?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Are any existing floor-ceiling or roof assemblies being altered?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
a. Are fire rating(s) satisfactory?				Yes	<input type="checkbox"/>	No
10. Are any new shafts proposed?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
a. Are fire rating(s) satisfactory?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. Are any new toilet rooms or plumbing facilities proposed?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
a. If yes, does fixture count comply with Table P-701?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Is a family-assisted use toilet room required?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12. Are all newly constructed toilet rooms accessible?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13. Are any new public service, checkout, point of sale or similar counters proposed?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
a. Height and approach compliant?				Yes	<input type="checkbox"/>	No
14. Is at least one (1) van accessible parking space provided where parking is proposed?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15. Is an exterior accessible route being provided?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No