

## MECHANICAL PERMIT PLAN REVIEW CHECKLIST

<b>I. Administrative</b>	<b>Provided</b>			
1. Professional engineer's seal on three sets of construction documents	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Scope and type of work noted on the application form	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Number of appliances defined where used for fee assessment: <span style="float: right;"><input type="checkbox"/> Verified Qty: _____</span>				
4. Number of registers/diffusers defined where used for fee assessment: <span style="float: right;"><input type="checkbox"/> Verified Qty: _____</span>				
<b>II. Pre-Requisite Approvals</b>				
1. Historical Commission approval	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No
2. Was a building permit and/or use issued required for area of work	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
a. If yes, does layout plan match plans on file	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. If no, is a use permit on record				
3. Asbestos Investigation Report	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No
4. Art Commission sign-off for City-owned properties or City-funded projects	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No
5. PA DOH approval:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>III. Plan Review</b>				
1. Use of spaces identified on plan:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. All new work and existing work conditions differentiated on the plan	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No
3. All equipment and appliance location for hazardous and prohibited locations are compliant (M303)	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No
4. Combustion air provided:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Access and service space (M306) <input type="checkbox"/> Solid per manufacturer's specifications <input type="checkbox"/> Oil-fuel see NFPA 31	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6. Minimum mechanical ventilation provided per IMC 403 on the plan or ventilation schedule (occupancy used in calculations is consistent with item III number one)	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No
7. Penetrations of floor/ceiling assemblies and fire-resistance rated assemblies shall be protected in accordance with the IBC	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No
8. Fire, smoke or combined dampers shown where ductwork penetrates rated construction (M-607/B-714)	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No

<b>IV. Exhaust Systems</b>						
1. Exhaust outlet location consistent with section M 501.3.1	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Duct used to convey hazardous exhaust shall be constructed of approved G90 galvanized sheet steel with a minimum thickness based on table 510.9. Based on the diameter of duct or maximum side dimension.			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Sub-slab Soil exhaust system duct material shall be listed per UL 181 or approved plumbing material.			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No