



Name of Project: _____

Address: _____ PIN: _____

Scope of Work: _____

Design Professionals

Designer	Firm	Name	License #	Telephone	E-mail
Architectural					
Structural					
Civil					
Plumbing					
Mechanical					
Electrical					
Sprinkler					
Fire Alarm					
Other ¹					

1. Other should include firms & individuals such as truss, precast, pre-engineered, shoring, etc. as required

Basic Building Data

New Building Addition Renovation/Repair Shell Build Out

Allowable Height: _____ FT Allowable Stories: _____

Actual Height: _____ FT Actual Stories: _____

Stories Below Grade: _____

For detailed analysis of actual vs. allowable building height & stories, see drawing number _____

Certificate of Appropriateness Required (COA): No Yes → (If Yes, provide copy of COA)

Construction Types: I-A II-A III-A IV V-A
 I-B II-B III-B V-B

Sprinklers: No Partial Yes: (NFPA 13 NFPA 13R NFPA 13D)

Standpipes: No Yes Class: (I II III) Wet Dry

Special Inspections: No Yes → If Yes, follow this link for the appropriate forms and instructions. Also include the completed "Contractors Statement of Responsibility".
https://seaog.org/Special_Inspection_Documents



Occupancy Information

- Primary Occupancies: Assembly→ (A-1 A-2 A-3 A-4 A-5)
- Business
- Educational
- Factory/Industrial→ (F-1 Moderate F-2 Low)
- Hazardous→ (H-1 H-2 H-3 H-4 H-5)
- Institutional→ (I-1 I-2 I-3 I-4)
- Condition→ (1 2 3 4 5)
- Mercantile
- Residential→ (R-1 R2 R3 R-4)
- Storage→ (S-1 Moderate S-2 Low High Piled)
- S-1 Repair Garage S-2 Open Parking Garage
- S-2 Enclosed Parking Garage
- Utility & Misc.

Accessory Occupancies: _____

Special Uses (List All Chapter 4 Sections that Apply): _____

Special Provisions (List All Chapter 5 Sections that Apply): _____

Allowable Area per Story: _____

Actual Area per Story: _____

For detailed analysis of actual vs. allowable building areas, see drawing number _____

Mixed Occupancy: No Yes→ (_____ hr. separation Exception: _____)

Non-Separated Use (508.3)

Separated Use (508.4)

$$\frac{\text{Actual Area of A}}{\text{Allow. Area of A}} + \frac{\text{Actual Area of B}}{\text{Allow. Area of B}} + \frac{\text{Actual Area of C}}{\text{Allow. Area of C}} \leq 1$$

$$\text{_____} + \text{_____} + \text{_____} \leq 1$$



Incidental Uses (Table 509)

<input type="checkbox"/> Furnace room where any piece of equipment is over 400,000 Btu per hour input	→ 1 hour or provide automatic sprinkler system
<input type="checkbox"/> Rooms with boilers where the largest piece of equipment is over 15 psi and 10 HP	→ 1 hour or provide automatic sprinkler system
<input type="checkbox"/> Refrigerant machinery room	→ 1 hour or provide automatic sprinkler system
<input type="checkbox"/> Hydrogen fuel gas rooms, not classified as group H	→ 1 hour in group B, F, M, S & U occupancies 2 hours in group A, E, I and R occupancies
<input type="checkbox"/> Incinerator rooms	→ 2 hours & provide automatic sprinkler system
<input type="checkbox"/> Paint shops, not classified as group H, located in occupancies other than group F	→ 2 hours; or 1 hour & provide automatic sprinkler system
<input type="checkbox"/> In group E, labs and shops not classified as group H	→ 1 hour or provide automatic sprinkler system
<input type="checkbox"/> In group I-2 occupancies, labs not classified as group H	→ 1 hour & provide automatic sprinkler system
<input type="checkbox"/> In ambulatory care facilities, labs not classified as group H	→ 1 hour or provide automatic sprinkler system
<input type="checkbox"/> Laundry room over 100 square feet	→ 1 hour or provide automatic sprinkler system
<input type="checkbox"/> In group I-2, laundry rooms over 100 square feet	→ 1 hour
<input type="checkbox"/> Group I-3 cells and group I-2 rooms equipped with padded surfaces	→ 1 hour
<input type="checkbox"/> In group I-2, physical plant maintenance shops	→ 1 hour
<input type="checkbox"/> In ambulatory care facilities or group I-2, waste & linen collection rooms with containers that have an aggregate volume of 10 cubic feet or greater	→ 1 hour
<input type="checkbox"/> Waste and linen collection rooms over 100 square feet in other than ambulatory care facilities and group I-2 occupancies	→ 1 hour or provide automatic sprinkler system
<input type="checkbox"/> Storage rooms greater than 100 square feet in ambulatory care facilities and group I-2 occupancies.	→ 1 hour
<input type="checkbox"/> Stationary storage battery systems having an energy capacity greater than the threshold quantity specified in Table 1206.2	→ 1 hour in group B, F, M, S & U occupancies 2 hours in group A, E, I and R occupancies
<input type="checkbox"/> Electrical installations and transformers	→ See sections 110.26 through 110.34 & sections 450.8 through 450.48 of NFPA 70



Fire Protection Requirements (Tables 601 & 602)

Building Element	Fire Separation Dist. (ft)	Rating		Design # For Rated Assembly	Detail Reference & Sheet Number
		Required (hrs)	Provided (hrs)		
Structural Frame including columns, girders & trusses					
Exterior Bearing Walls (Table 601)					
North					
West					
East					
South					
Exterior Non-Bearing Walls (Table 602)					
North					
West					
East					
South					
Interior Bearing Walls					
Floor Construction & associated secondary members					
Floor Ceiling Assembly					
Balconies					
Breezeways					
Columns Supporting Floors					
Roof Construction & associated secondary members					
Roof/Ceiling Assembly					
Columns Supporting Roof					
Shaft Enclosures (Exit)					
Shaft Enclosures (other)					
Smoke Barrier Separation					
Smoke Partition					
Dwelling unit/Sleeping Unit Separation					



Maximum Area of Exterior Wall Openings (Table 705.8)

Wall Location	Fire Separation Dist. (ft)	Degree of Opening Protection (UP- NS) (UP-S) (P)	Allowable Area of Openings (ft ²)	Actual Area of Openings (ft ²)	Exceptions

Exit Requirements

Floor, Room or Space Designation	Min. Number of Exits		Travel Distance		Exit Configuration	
	Required	Provided	Allowable (ft)	Actual (ft)	Required Distance Between	Actual Distance Between

Occupant Load

Space Designation	Use	Area (ft ²)	Area per Occupant	Number of Occupants
Total Number of Occupants:				



Life Safety Plan Checklist

Check All That Apply		Drawing Number(s) Where Shown
<input type="checkbox"/>	Emergency lighting	
<input type="checkbox"/>	Exit signs	
<input type="checkbox"/>	Fire alarms	
<input type="checkbox"/>	Smoke detection systems	
<input type="checkbox"/>	Carbon monoxide detection	
<input type="checkbox"/>	Fire suppression systems	
<input type="checkbox"/>	Fire and/or smoke rated wall locations	
<input type="checkbox"/>	Assumed and real property line locations	
<input type="checkbox"/>	Exterior wall opening area with respect to distance to property lines	
<input type="checkbox"/>	Occupancy use and occupant loads for each area	
<input type="checkbox"/>	Exit access travel distance	
<input type="checkbox"/>	Common path of travel distances	
<input type="checkbox"/>	Dead end lengths	
<input type="checkbox"/>	Clear exit width for each exit door	
<input type="checkbox"/>	Max. calculated occupant load capacity for each exit door vs actual occupant load	
<input type="checkbox"/>	Schematic plan indicating where fire rated floors, ceilings and roof are provided for purposes of occupancy separation	
<input type="checkbox"/>	Location of doors with panic hardware, delayed egress locks, electromagnetic egress locks or equipped with hold-open devices	
<input type="checkbox"/>	Location of emergency escape windows	
<input type="checkbox"/>	Square footage of each fire area	
<input type="checkbox"/>	Square footage of each smoke compartment for occupancy I-2	
<input type="checkbox"/>	Areas of refuge & 2-way communicating devices	
<input type="checkbox"/>	Stair & railing detailed requirements	
<input type="checkbox"/>	Interior finish class requirements	



Accessible Dwelling Units

Total Units or Rooms	Accessible Units Required	Accessible Units Provided	Type A Units Required	Type A Units Provided	Type B Units Required	Type B Units Provided	Total Accessible Units Provided

Accessible Parking (Interior Only)

Parking Area	Total # of Parking Spaces		# of Accessible Spaces Provided			Total # of Accessible Spaces Provided
	Required	Provided	Regular with 5' Access Aisle	132" Access Aisle	8' Access Aisle	

Energy Summary

Method of Compliance: Energy Code → Performance Prescriptive

ASHRAE 90.1 → Performance Prescriptive

If "Other" Specify Source Here: _____

Plumbing Fixture Requirements

Use		Water Closets			Urinals	Lavatories			Showers /Tubs	Drinking Fountains	
		Male	Female	Unisex		Male	Female	Unisex		Regular	Access.
Space	Exist										
	New										
	Req'd										
Space	Exist										
	New										
	Req'd										



Structural Design

Gravity Loads: Ground Snow Load: _____psf
 Roof Live Load: _____psf
 Mezzanine Live Load: _____psf
 Floor Live Load: _____psf

Wind Loads: Basic Design Wind Speed (V): _____mph
 ASD Wind Speed (V_{asd}): _____mph
 Risk Category: I II III IV
 Wind Exposure: B C D
 Internal Pressure Coeff.: _____

Design wind pressure for exterior components & cladding (C&C) not specifically designed by registered design professional: _____psf

Seismic Loads: Risk Category: I II III IV
 Importance Factor (I_e): _____
 Spectral Response Accel: S_s _____ %g S_1 _____ %g
 Site Classification: A B C D E F
 Data Source: Soils Report Presumptive Historical Data
 Soils Report: By: _____ Report #: _____ Date: _____
 Bearing Capacity: _____psf
 Design Spectral Response Accel: S_{DS} _____ %g S_{D1} _____ %g
 Seismic Design Category: A B C D
 Design Base Shear(s): _____
 Seismic Response Coefficient(s) C_S : _____
 Response Modification Coefficient(s) R : _____
 Basic Seismic Force Resisting System(s): _____
 Analysis Procedure: Simplified Lateral Force Equivalent Lateral Force
 Modal Response Spectrum Seismic Response History