

(Company Letter Head)

**Building Code Analysis
Preliminary Review**

Name of Project: _____

Address: _____ Zip Code _____

Proposed Use: _____

Owner/Authorized Agent: _____ Phone # (_____) _____ - _____ E-Mail _____

Owned By: City/County Private State

Code Enforcement Jurisdiction: City _____ County _____ State

PROJECT SUMMARY

Building description: _____

Scope of work details: (If phased construction, please see plan submittal guidelines.) _____

Code Compliance Summary: _____

Alternative Means of Compliance Request: _____

LEAD DESIGN PROFESSIONAL: _____

DESIGNER	FIRM	NAME	LICENSE #	TELEPHONE #	E-MAIL
Architectural	_____	_____	_____	(____)_____	_____
Civil	_____	_____	_____	(____)_____	_____
Electrical	_____	_____	_____	(____)_____	_____
Fire Alarm	_____	_____	_____	(____)_____	_____
Plumbing	_____	_____	_____	(____)_____	_____
Mechanical	_____	_____	_____	(____)_____	_____
Sprinkler-Standpipe	_____	_____	_____	(____)_____	_____
Structural	_____	_____	_____	(____)_____	_____
Retaining Walls >5' High	_____	_____	_____	(____)_____	_____
Other	_____	_____	_____	(____)_____	_____

Building Code: 2012 North Carolina State Building Code (NCSBC)
 2009 NC Rehab Code 2009 Chapter 34 (attach summary)
 1995 Existing Building Code Vol. 9

New Building: New building Shell building
 First time interior completion (upfit)
 Addition

Existing Building: Change of use/occupancy
 Building/tenant space interior completion (renovation)

Please see 3411 NCSBC for compliance for accessibility for existing buildings. A letter from the designer is required to be attached or reproduced on the plans to verify how compliance will be achieved.

Year of construction _____ Original occupancy _____

2009 NC REHAB CODE Information: Scope of work / work area must be listed and delineated on the plans.

Check **all** that apply: Repair Renovation Alteration Reconstruction Change of use Addition

Last known legal occupancy _____ **Historic Property:** Yes No

Original Building Construction Date: _____ **Date of Preliminary Meeting** _____

Justifications for using the REHAB code:

Reviewers Notes for Field Inspector:

BUILDING DATA

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

Mixed construction: No Yes Types _____

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

Standpipes: Yes No Class I II III Wet Dry

Fire District: Yes No **Flood Hazard Area:** Yes No

Building Height: Feet _____ Number of Stories _____ High Rise

Mezzanine: Yes No

Gross Building Area:

FLOOR	EXISTING (SQ FT)	NEW (SQ FT)	SUB-TOTAL
6 th Floor			
5 th Floor			
4 th Floor			
3 rd Floor			
2 nd Floor			
Mezzanine			
1 st Floor			
Basement			

TOTAL

ALLOWABLE AREA

- Primary Occupancy:** Assembly A-1 A-2 A-3 A-4 A-5
 Business Educational Factory F-1 Moderate F-2 Low
 Hazardous H-1 Detonate H-2 Deflagrate H-3 Combust H-4 Health H-5 HPM
 Institutional I-1 I-2 I-3 I-4
 I-3 Condition 1 2 3 4 5
 Mercantile Residential R-1 R-2 R-3 R-4
 Storage S-1 Moderate S-2 Low High-piled
 Utility and Miscellaneous Parking Garage Open Enclosed Repair Garage

Secondary Occupancy: _____

- Special Uses:** 402 403 404 405 406 407 408 409 410 411 412 413 414
 415 416 417 418 419 420 421 422 423 424
 425 426 427

- Special Provisions:** 509.2 509.3 509.4 509.5 509.6 509.7 509.8
 509.9

Mixed Occupancy: No Yes Separation: _____ Hr. Exception: _____

Incidental Accessory Separation (T508.2.5)

This separation is not exempt as a Non-Separated Use (see exceptions).

Non-Separated Occupancy (508.3)

The required type of construction for the building shall be determined by applying the height and area limitations for each of the applicable occupancies to the entire building. The most restrictive type of construction, so determined, shall apply to the entire building.

Separated Occupancy (508.4) - See below for area calculations

For each story, the area of the occupancy shall be such that the sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1.

$$\frac{\text{Actual Area of Occupancy A}}{\text{Allowable Area of Occupancy A}} + \frac{\text{Actual Area of Occupancy B}}{\text{Allowable Area of Occupancy B}} \leq 1$$

$$\underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \dots = \underline{\hspace{2cm}} \leq 1.00$$

STORY NO.	DESCRIPTION AND USE	(A) BLDG AREA PER STORY (ACTUAL)	(B) TABLE 503 ⁵ AREA	(C) AREA FOR FRONTAGE INCREASE ¹	(D) AREA FOR SPRINKLER INCREASE ²	(E) ALLOWABLE AREA OR UNLIMITED ³	(F) MAXIMUM BUILDING AREA ⁴

¹ Frontage area increases from Section 506.2 are computed thus:

- Perimeter which fronts a public way or open space having 20 feet minimum width = _____ (F)
- Total Building Perimeter = _____ (P)
- Ratio (F/P) = _____ (F/P)
- W = Minimum width of public way = _____ (W)
- Percent of frontage increase $I_f = [F/P - 0.25] \times W/30 = \underline{\hspace{2cm}}$

² The sprinkler increase per Section 506.3 is as follows:

- Multi-story building $I_s = 2$
- Single story building $I_s = 3$

³ Unlimited area applicable under conditions of Sections Group B, F, M, S, A-4(507.3), A-3 (507.6); Group A motion picture (507.11); and covered mall buildings (507.12).

⁴ Maximum Building Area = total number of stories in the building x E, but not greater than 3 x E (506.4).

⁵ The maximum area of a single-use open parking garage shall be permitted to comply with Table 406.3.5. The maximum area of air traffic control towers must comply with Table 412.3.2.

FIRE PROTECTION REQUIREMENTS

Life Safety Plan Sheet #, if Provided _____

BUILDING ELEMENT	FIRE SEPARATION DISTANCE (FEET)	RATING**		DETAIL # AND SHEET #	DESIGN # FOR RATED ASSEMBLY	DESIGN # FOR RATED PENETRATION	DESIGN # FOR RATED JOINTS
		REQ'D	PROVIDED (w/_____* REDUCTION)				
Structural Frame, including columns, girders, trusses							
Bearing Walls							
Exterior							
North							
East							
West							
South							
Interior							
Nonbearing Walls and Partitions							
Exterior walls							
North							
East							
West							
South							
Interior walls and partitions							
Floor Construction Including supporting beams and joists							
Roof Construction*** Including supporting beams and joists							
Shaft Enclosures - Exit							
Shaft Enclosures - Other							
Corridor Separation							
Occupancy Separation							
Party/Fire Wall Separation							
Smoke Barrier Separation							
Tenant Separation							
Incidental Use Separation							

* Indicate code section number permitting reduction

** 0-4 hours or N/A – Not applicable. (Define reasons for N/A in the project summary.)

*** Indicate if using T601 Note B exception.

LIFE SAFETY SYSTEM REQUIREMENTS

- | | | | | | |
|--------------------------------|--------------------------|----|--------------------------|-----|----------------------------------------|
| Emergency Lighting: | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | |
| Exit Signs: | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | |
| Fire Alarm: | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | |
| Smoke Detection Systems: | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> Partial _____ |
| Panic Hardware: | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | |
| Life safety systems generator: | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | |

ENERGY SUMMARY

ENERGY REQUIREMENTS:

The following data shall be considered minimum and any special attribute required to meet the energy code shall also be provided. Each Designer shall furnish the required portions of the project information for the plan data sheet. If energy cost budget method, state the annual energy cost budget vs. allowable annual energy cost budget.

THERMAL ENVELOPE

Method of Compliance:

- Prescriptive ___% Glazed Wall Area
- Performance Energy Cost Budget

ELECTRICAL SUMMARY

ELECTRICAL SYSTEM AND EQUIPMENT

Method of Compliance:

- Prescriptive
- Performance
- Energy Cost Budget

MECHANICAL SUMMARY

MECHANICAL SYSTEMS, SERVICE SYSTEMS AND EQUIPMENT

Method of Compliance

- Prescriptive
- Energy Cost Budget