

# Minimum Information Needed for Plan Review

The following checklist is to provide the minimum information needed to complete the initial plan review. This checklist is only a guideline and does not relieve the designer of the responsibility of providing all information needed to assure compliance with all adopted codes. Required information not shown on plans **WILL DELAY** the building permit issuance.

	Documents Required	Applicant Check if Provided	Filled by Staff	
			Provided	
General	Completed Building Permit Application Form	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drawings must include the Tenant Name and Address, floor and suite number	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	All construction documents uploaded in APEX should be in PDF format	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	All drawings must be prepared in Ink or equivalent.	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drawings may be required to possess the original signature & seal of the registered design professional licensed in the Commonwealth of Virginia	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Maximum PDF file size should be 100MB and mark-up function allowed	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Large project should have separate files submitted for Architectural and MEP plans	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Completed Asbestos Affidavit Form	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Completed Accessibility Compliance Form	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Architectural Plans	<b>Code Summary Information:</b>			
	Applicable Code and Code Year used for the design	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Occupancy Group of Tenant and Type Construction of Building	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gross Square Feet of tenant space	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Life Safety Data: Fire Prevention</b>			
	Fire Sprinkler and Monitoring information	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Design Occupant load calculation	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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		<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capacity calculations of all applicable Exits	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Egress Travel Distance and Common Path of Travel Distance	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Architectural Plans</b>	Key Plan of the building indicating the location of work and applicable exits	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fire resistance design of Tenant Separation walls to comply as a Separated Use Group or Use & Area Calculations to comply as a Non-separated Use Group	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify any Hazardous Material Control Area and provide the Materials Safety Data Sheet for each listed hazardous material include the class and quantity	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify the quantity of materials to be stored and provide details of all rack-storage facilities and construction of the rack assembly	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fire Resistance Designs for walls, floor/ceiling, roof/ceiling and shafts when fire rated assemblies are required	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Construction:</b>			
	Detailed Statement of Scope of Work on Cover Sheet	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Floor Plans: Including dimensions and purpose of each room or space	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cross-Sections & Details, with dimensions showing floor to ceiling height and height from floor to the underside of the lowest structural member	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Wall Schedule showing wall sections, materials, construction and fire ratings	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Door and Hardware Schedule to include special locking devices	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Interior Finish Schedule showing material type and rating class all rooms & spaces	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Reflected Ceiling Plan with lighting, emergency lights and exit signs	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Accessibility Details for the Disabled showing Accessible Route, Service Counters, Toilet rooms, Drinking fountain	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expanded floor plan and elevations of toilet rooms with dimensions	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Calculations showing provision for the minimum required plumbing fixtures	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Structure</b>	Identify locations of concentrated loads (i.e. additional mechanical equipment, etc.) and provide calculations demonstrating that the structure is adequate to safely support these loads	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Mechanical Plans</b>	Mechanical Floor Plans for each floor showing the ductwork layout, duct sizes, notes, legends, piping schematics and details necessary to define the system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Mechanical Roof Plan showing location of all rooftop equipment and safety railing	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	HVAC Equipment Schedule indicating the CFM capacity, CFM outdoor air, BTUH (KWH) rating for heating & cooling and Electrical Nameplate Data	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Schedule for the Air Distribution Devices showing the delivered CFM at each supply, return and exhaust device	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Condensate Drains, primary and secondary from the unit to the discharge point	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	Show the Toilet Exhaust system and the means for make-up air	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Mechanical Plans</b>	Show an expanded view of the mechanical room layout with sufficient scale for details to be ascertained	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Indicate controls for fan shut-down: Emergency, Signaling, Duct smoke detection and location of detectors	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Show all locations of UL 555-listed fire dampers, ceiling radiation dampers and smoke dampers as required	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Provide the minimum required outdoor air ventilation rate per person based on the occupancy listed in IMC Table 403.3	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Provide an Air Balance Schedule for this tenant	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Detailed drawings of Commercial Cooking Hoods to include the following: Hood dimensions; Hood construction material; Filter size & quantity; Exhaust fan CFM output; Size of exhaust ducts; Means & CFM of make-up air provided; National Research Report showing compliance with UL 710 for factory-built hoods	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Plumbing Plans</b>	Plumbing Floor Plan for each floor showing the location of fixtures, water distribution, drain-waste & vent, and gas piping systems; include details, notes and schedules necessary to define the installation	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fixture and equipment schedule showing fixture number & detailed description	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Minimum Required Plumbing Fixture calculations based on occupancy	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify all fixtures on floor plans and riser diagram relative to the fixture schedule	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify the size, slope and type of piping material for each system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drain-Waste & Vent system Riser diagram to include pipe sizes above and below the floor	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Domestic Water system Riser diagram, to include pipe sizes, cold, tempered and hot water systems	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Location and model number of the required Back-flow Prevention device so as to prevent contamination of the domestic water system (cross-connection) from any applicable source	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gas riser diagram showing the total input BTUH, pipe sizes, pressure, pressure drop, total length of run and piping material	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Domestic water system calculations showing piping sizes as provided to deliver the required pressure and supply (GPM) to all fixtures (include pressure losses)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Show an expanded view (minimum 1/4" = 1-foot scale) of toilet room floor plan	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Size and location of the required Interceptor provided to prohibit grease, oil, sand or other materials from entering the sanitary sewer system (include manufacturer's shop drawings)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Medical gas floor plans and riser diagram to include the gas type, pipe schedule and details of the venting system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Documents Required</b>		<b>Applicant Check if Provided</b>	<b>Filled by Staff</b>	
			<b>Provided</b>	
<b>Electrical Plans</b>	Floor Plan Layout for each floor showing the location of receptacles, equipment, branch circuits and identification of the supply for each circuit	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lighting Plan Layout for each floor showing the location, type of fixtures showing the branch circuits and identification of the supply for each	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lighting Fixture Schedule identifying each type, voltage and details necessary to define the fixture	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Exit and Emergency Lighting locations and branch circuit identification to each	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify the type of Wiring method(s) for all circuit conductors	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Electrical Plans</b>	Show the Location of all Motors, HVAC units, Generators, Transformers and other electrical equipment	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Roof plan showing the location of all rooftop equipment and circuit identification	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Indicate the design and/or operation of for any Life Safety system: Emergency generators, smoke detection, egress lighting and fire alarms	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Provide a detailed plan of Classified (Hazardous) Areas, the classifications and compliance (i.e. aircraft hangers, waste treatment and collection, flammable dusts, gasses or liquids, spray booths, vehicle servicing and parking, etc.)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	All electrical materials, devices, appliances and equipment are required to be labeled and listed by a Nationally Recognized Testing Laboratory (NRTL)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Riser Diagram</b>	Indicate the number of Services and the physical location of each; clearly indicate the main service disconnect and characteristics	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rating of the service equipment, feeder conductors, panels and conduit sizes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rating of Transformers (KVA) and primary/secondary overcurrent protection	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rating and connection of any Generator and Transfer switch	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Indicate the Size and Methods of the Grounding Electrode Conductor system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Panel Schedules</b>	Rating of panel, voltage, number of phases and main overcurrent protection	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Provide the Fault Current Rating of all panels	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Load Calculations, either total connected or demand load of each panel	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify the Loads, branch circuit, conductor sizes and circuit protection for each circuit within the panel board	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No