



Checklist for Performing Commercial Plan Review

Permit Number: _____

Project Name: _____

CHAPTER/CODE	CHECK
Submittal Documents	Acceptable Scale/Detailing Architectural Plans-Sealed Site Plan-Accessible Parking City Planner Approval
<i>Comments:</i>	
Proposed Specifications "Can it be built?"	Square Footage _____ Height of Building _____ Number of Stories _____ Occupancy Classes _____ Construction Type _____ Sprinklers 13/13R _____ Sq. ft. Mixed Occ. _____ Setbacks: N _____ S _____ E _____ W _____
<i>Comments:</i>	
Occupancy Group IBC Chapter 3 Sections 303 - 312	A-__ B__ E__ F__ H__ I-__ M__ R__ S__ U__
<i>Comments:</i>	
Mixed Occupancy Group IBC Section 508.3	Separation required Non-Separated Accessory Combination
<i>Comments:</i>	
Separation Rating IBC Table 508.4	1-hour <input type="checkbox"/> 2-hr. <input type="checkbox"/> 3-hr. <input type="checkbox"/> 4-hr. <input type="checkbox"/>
<i>Comments:</i>	
Type of Construction IBC Chapter 6	IA/B- IIA/B- IIIA/B- IVHT- VA/B-
<i>Comments:</i>	
Structural Components IBC Section 602	1-hour <input type="checkbox"/> 2-hour <input type="checkbox"/> 3-hour <input type="checkbox"/>
<i>Comments:</i>	
Combustible Material IBC Section 603	Type I & II Construction Use of Fire Treated Wood
<i>Comments:</i>	
Fire Resistive Construction IBC Chapter 7	Rated Assemblies-Testing Openings- Penetrations Concealed Spaces Draft/Fire Stops Fire- Walls, Barriers, Partitions Smoke- Walls, Barriers, Partitions Shaft Enclosures Rating
<i>Comments:</i>	
Exterior Walls IBC Table 602	Rating - 1-hour <input type="checkbox"/> 2-hour <input type="checkbox"/> 3-hour <input type="checkbox"/>
<i>Comments:</i>	
Fire Separation Distance IBC Section 702 Table 705.2	Property line Center of street/alley/public way Imaginary line between buildings Wall/Roof-Projections
<i>Comments:</i>	

CHAPTER/CODE	CHECK
Allowable Floor Area IBC Chapter 5 IBC Sections 503-508	Per Floor Allowable Total Building Allowable Increases, Sprinklers
<i>Comments:</i>	
Special Occupancy Requirements IBC Chapter 3 & 4	Malls Motor Vehicles Parking Structures Assembly Hazardous Uses
<i>Comments:</i>	
Design Occupant Load IBC Chapter 10	Occupant Load Factor Total Occupant Load Egress Width and Hardware Type
<i>Comments:</i>	
Means of Egress IBC Chapter 10 - Access, Exit, Discharge Section 1028	Elements/Continuity/Rate Corridors Required Illumination - Separation Number of Exits - Direction of Travel Travel Distance - Sprinkler Increase
<i>Comments:</i>	
Means of Egress IBC Chapter 10	Ramps Slope/Rise/Run Emergency Escape/Rescue
<i>Comments:</i>	
Interior Finishes IBC Chapter 8	Interior Surface Coverings Flame Spread Rating / Smoke Develop Material Class I, II, or III
<i>Comments:</i>	
Fire Protection IBC Chapter 9 <i>Required or not?</i> <i>Fire walls?</i>	Interior Surface Coverings Flame Spread Rating / Smoke Develop Material Class I, II, or III Fire Extinguishers Commercial Hood System(s) Knox Box Required?
<i>Comments:</i>	
ADA Requirements	Parking, 1:48, Symbol Accessible Unit of A/B Type Access Route of Travel Separate Restrooms or Unisex Special Requirements Signage & Symbols
<i>Comments:</i>	
IBC Chapter 17	Special Inspections/Agreement
<i>Comments:</i>	
IBC Chapter 24	Glass and Glazing Type, Location, Safety
<i>Comments:</i>	

Approved for permit application by: _____

City of Derby Building Official

Date



611 Mulberry Road, Suite 300
 Derby, KS 67037
 Phone 316-788-6632
 Email: permits@derbyweb.com
www.derbyks.com

Application for Commercial Plan Review

Date: _____ Valuation: \$ _____ Plan Review Fee: \$ _____

The following information must be supplied in order to initiate plan review. An incomplete application will only delay your review until the information is obtained.

Lot #: _____ **Block:** _____ **Addition:** _____

	OFFICE USE ONLY
Zone District: _____ (APZ?)	
Site Plan Review Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do screening requirements exist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking Requirements: _____	_____
Fire Dept. Review/Approval:	_____
	Fire Code Official
Engineering Review/Approval:	_____
	City Engineer

Architect: _____

Address: _____

(City) (State) (Zip)

Phone () _____ **Fax ()** _____ **Email:** _____

Name of Business: _____

Address of Project: _____

Business Owner: _____

Address: _____

(City) (State) (Zip)

Phone () _____ **Fax ()** _____ **Email:** _____

- Proposed use:**
- | | | | |
|------------------------------------|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Church | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Hospital | <input type="checkbox"/> Office |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Restaurant | <input type="checkbox"/> School | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Other _____ | | |
- (describe)

Type of Work: New Remodel Repair Move In Addition

Scope of Work: _____

Structure Information

1st Floor Sq. Ft.: _____ 2nd Floor Sq. Ft.: _____ Basement Sq. Ft.: _____

Addition/Remodel _____ Sq. Ft.

I hereby certify that the information given herein is correct and that I will comply with the zoning regulations, and a permit issued upon false statement of any fact, which is material to the issuance of a permit, hereof shall void said permit. Permits and/or certificate when issued DO NOT NULLIFY ANY DEED RESTRICTION VALIDLY FILED OF RECORD. I also agree to install appropriate erosion control measures in order to avoid dirt, sand and other material from accumulating within public street right-of-way (12.36 and 15.32).

Authorized Agent Signature

Date

Title

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The plans submitted with this application have been reviewed and comments have been returned to the Architect.

APPROVED BY:

DERBY BUILDING OFFICIAL

Date