

# Permit Application



Customer Number  
if known

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MDIA Office

\_\_\_\_\_

Number \_\_\_\_\_

## Location of Proposed Work or Improvement

Municipality\* \_\_\_\_\_ County\* \_\_\_\_\_

Site Address\* \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development \_\_\_\_\_ Phase \_\_\_\_\_ Section \_\_\_\_\_

Owner\* \_\_\_\_\_ Phone #\* \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Principal Contractor\* \_\_\_\_\_ Phone #\* \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Architect \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Type of Work or Improvement\* (Select all that apply)

- New Building   
  Addition   
  Alteration   
  Repair   
  Demolition   
  Relocation   
  Energy  
 Foundation Only   
 Change of Use   
 Plumbing   
 Mechanical   
 Electrical   
 Fire Protection

Describe the proposed work

### Estimated Cost of Construction\* (reasonable fair market value)

a. Structural Cost	\$	
Installation(s) not included in above cost		
b. Electrical	\$	
c. Plumbing	\$	
d. Heating, Air Conditioning	\$	
e. Other _____	\$	
<b>Total Cost of Project (a+b+c+d+e)</b>	<b>\$</b>	

**Description of Building Use \*(Select One)**

Residential

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-2)
- Multi-Family (R-2)
- Hotels (R-1)

Non-Residential

Specific Use: \_\_\_\_\_  
 Use Group: \_\_\_\_\_  
 Change in Use:  Yes  No  
 If YES, Indicate Former: \_\_\_\_\_  
 Maximum Occupancy Load: \_\_\_\_\_  
 Maximum Live Load: \_\_\_\_\_

**Building/Site Characteristics**

Number of Residential Dwelling Units: \_\_\_\_\_ Existing \_\_\_\_\_ Proposed

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.) \_\_\_\_\_

Water Service: (Select)  Yes  No

Sewer Service: (Select)  Yes  No Septic Permit # \_\_\_\_\_

**Does or will your building contain any of the following:**

Fireplace(s): Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ BTU's \_\_\_\_\_ Type Vent \_\_\_\_\_

Elevator/Escalators/Lifts/Moving walks: (Select)  Yes  No

Sprinkler System:  Yes  No

Pressure Vessels:  Yes  No

Refrigeration Systems:  Yes  No

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq.ft. Number of Stories: \_\_\_\_\_

Proposed Building Area: \_\_\_\_\_ sq.ft. Height of Structure Above Grade: \_\_\_\_\_ ft.

Total Building Area: \_\_\_\_\_ sq.ft. Area of Largest Floor: \_\_\_\_\_ sq.ft.

**FLOODPLAIN**

- Is the site located within an identified flood prone area? (Select One)  Yes  No
- Will any portion of the flood prone area be developed? (Select One)  Yes  No  N/A

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d).

**HISTORIC DISTRICT**

Is the site located within a Historic District?  Yes  No

If any construction is within a Historic District, a certificate of appropriateness may be required by the Municipality.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

**I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address \_\_\_\_\_  
Date

Directions to Site:

\* Indicates required field.

**READ, UNDERSTAND AND COMPLY WITH THE FOLLOWING NOTICES**

**NOTICE:** In addition to a zoning/construction permit, if the subject property does or will require access to a public road or street, and/or will require improvement/change of existing driveway access to a public road or street. If such public road or street is under the jurisdiction of the Commonwealth of Pennsylvania, you must obtain a Highway Occupancy Permit pursuant to Act no. 428 of 1945, as amended, known as the "State Highway Law", Application for such Highway Occupancy Permit as to a Commonwealth road or street must be made to, with and processed by the Pennsylvania Department of Transportation. If such road or street is under the jurisdiction of North Sewickley Township, you must apply for and obtain a Driveway Permit from the Township.

**NOTICE:** In addition to a zoning/construction permit, you may need to make other applications and obtain other permits for the development you propose, including but not limited to, depending on location of your premises, for an on-lot sewage permit and/or connection to a public sewer connection permit, water connection permit, and/or Land Development approval, prior to being able to commence construction. Further, following construction and prior to placing into use the proposed structure/building, you will need to procure an Occupancy Permit.

**NOTICE:** Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of worker's compensation to North Sewickley Township. Contractor also prohibited by law as to building or remodeling under subject Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to subcontractor's employees. Failure of Contractor and Applicant for this Permit to maintain worker's compensation insurance according to law of Commonwealth of Pennsylvania, and as to said insurance, naming North Sewickley Township as a named insured, coverage requires stoppage of all construction/work under Zoning/Construction Permit issued and a Zoning/Construction Permit may be revoked.

**NOTICE:** Property owner is responsible for determining if property is subject to private covenants or private plan restrictions and compliance with the restrictions. Private covenants may be more restrictive than zoning/township regulations. Issuance of a building or zoning/construction permit does not constitute compliance with private covenants or restrictions. Permits issued in violation of any private covenants or restrictions are the sole responsibility of the property owner or their authorized representatives.

**STATEMENTS AND VERIFICATION BY APPLICANT**

I do hereby agree to observe and adhere to any and all provisions of the North Sewickley Township Zoning/UCC Code, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violation shall cause any Permit to become Null and Void, and revocable by North Sewickley Township via its Zoning Officer or other designated agent.

I/We hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of my/our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I/We knowingly make false statements of averments, I/We may be subject to criminal penalties. I/We hereby authorize representatives of the township to make required inspections upon the property to verify that the construction requested under this application complies with the North Sewickley Township Zoning Ordinance and other applicable codes.

If applicant is Contractor or Agent of Owner, he/she hereby certifies that he/she has the authority to act on behalf of the Owner.

OWNER(S) \_\_\_\_\_ DATE \_\_\_\_\_  
CONTRACTOR OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED OF \_\_\_\_\_, THE SUM OF \$ \_\_\_\_\_, FEE FOR THE ABOVE  
NUMBERED BUILDING/ZONING PERMIT APPLICATION. DATED: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

ZONING/CONSTRUCTION PERMIT ( ISSUED ) ( DENIED ) ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

[NOTE IF DENIED, LETTER SETTING FORTH REASONS WILL ACCOMPANY DENIAL NOTICE.]

\_\_\_\_\_  
ZONING OFFICER

UNIFORM CONSTRUCTION CODE PERMIT ( ISSUED ) ( DENIED ) ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
BUILDING CODE OFFICIAL

**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**

Please check one of the options below pertaining to your application:

**Option A.**

\_\_\_\_\_ Property owner is hiring a Contractor, stating that "Contractor" is within the meaning of the Pennsylvania Workers' Compensation Law - **WORKERS' COMPENSATION INSURANCE MUST BE ATTACHED AND PROVIDED TO THE MUNICIPALITY.**

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**Option B.**

**AFFIDAVIT OF EXEMPTION**

If one of the reasons below is the owner's situation, this paper **NEEDS TO BE NOTARIZED**. The undersigned affirm that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated: (please check one)

- \_\_\_\_\_ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.
- \_\_\_\_\_ Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof on insurance to the municipality.
- \_\_\_\_\_ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (**COPIES OF RELIGIOUS EXEMPTION LETTERS FOR ALL EMPLOYEES MUST BE ATTACHED AND PROVIDED TO THE MUNICIPALITY**).

\_\_\_\_\_  
Signature of Applicant

Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

(SEAL)

**APPLICATION FOR ZONING OCCUPANCY PERMIT**

**NORTH SEWICKLEY TOWNSHIP  
893 MERCER ROAD  
BEAVER FALLS, PA 15010**

Certificate No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOT NO. \_\_\_\_\_ IN THE \_\_\_\_\_ PLAN OF LOTS

TAX PARCEL NO. \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

APPROXIMATE DATE OF COMPLETION: \_\_\_\_\_

DO YOU NOW OR WILL YOU EVER GENERATE; STORE; TRANSPORT; OR DISPOSE  
OF ANY HAZARDOUS MATERIALS OR WASTE AS DEFINED BY THE U.S.  
ENVIRONMENTAL PROTECTION AT THIS LOCATION:

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE INDICATE MATERIAL(S) AND QUANTITY ON REVERSE.

I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT  
AND THAT ALL APPLICABLE PROVISIONS OF THE NORTH SEWICKLEY TOWNSHIP  
ORDINANCES HAVE BEEN COMPLIED WITH:

DATE FILED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER/AGENT

DATE ISSUED \_\_\_\_\_

\_\_\_\_\_  
ZONING AND CODES OFFICER

# BUILDING PERMIT RELEASE FORM

North Sewickley Township Sewer Authority  
893 Mercer Road  
Beaver Falls, PA 15010

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parcel Number: \_\_\_\_\_

Township: \_\_\_\_\_

\_\_\_\_\_

Property Owner Signature

\_\_\_\_\_

Date

**BELOW IS TO BE COMPLETED BY NORTH SEWICKLEY TOWNSHIP SEWER AUTHORITY**

\_\_\_\_\_ The above named person has paid the required tap-in fee and may acquire a building permit from North Sewickley Township.

\_\_\_\_\_ The above named person is not required to pay the tap-in fee and may acquire a building permit from North Sewickley Township.

\_\_\_\_\_ The above property is within the boundaries of the public sewer area and the owner is not intending to use water or public sewers; however, if illegal use of water & sewers is found, the owner will be subject to penalties relating to illegal tap-in and usage as described in the North Sewickley Township Sewer Authority's Rules & Regulations – Section 1 – 15.

\_\_\_\_\_

North Sewickley Township Sewer Authority Signature

\_\_\_\_\_

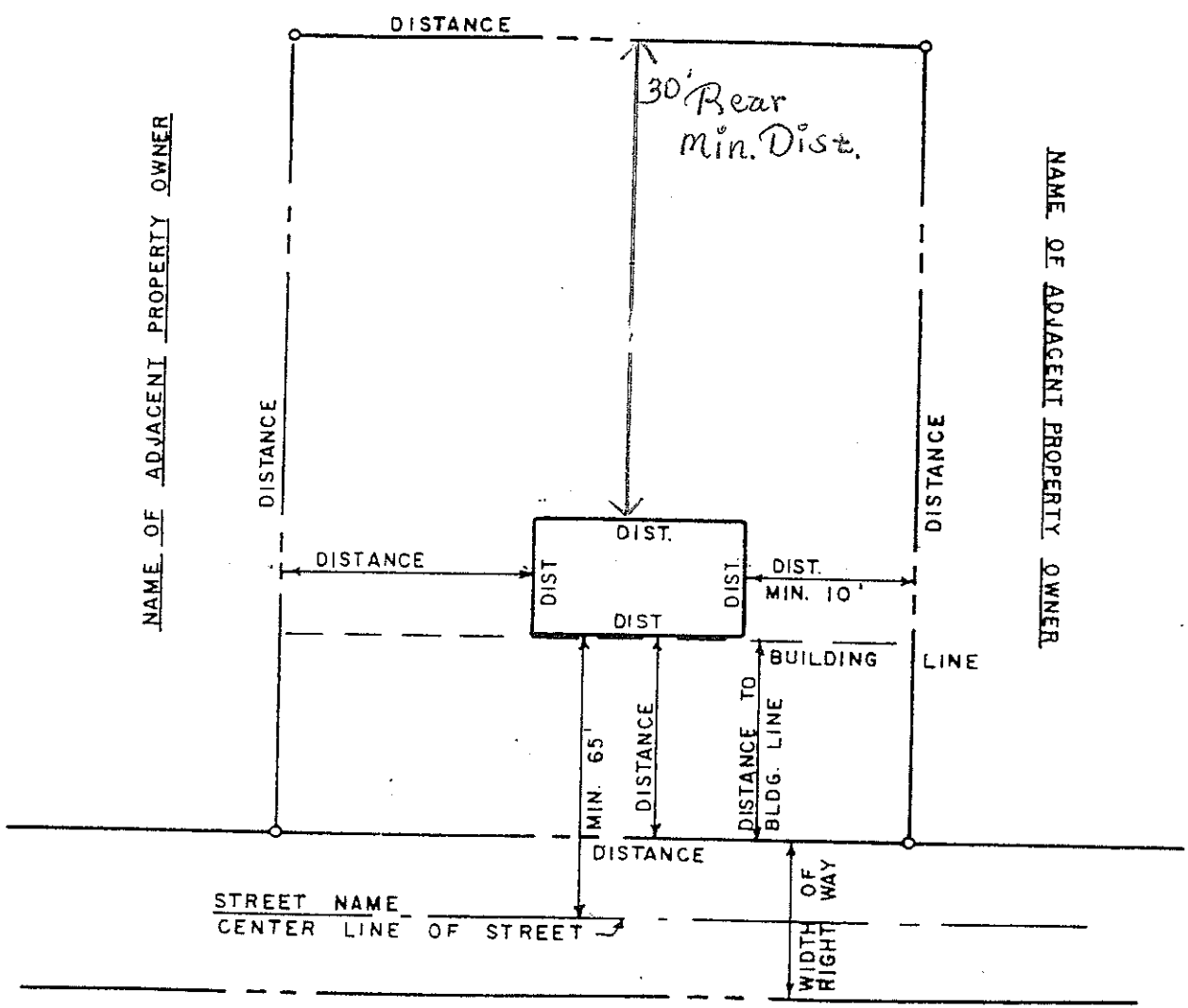
Date

*Example*

NAME OF ADJACENT PROPERTY OWNER

NAME OF ADJACENT PROPERTY OWNER

NAME OF ADJACENT PROPERTY OWNER



WATER SUPPLY  
 WELL    CITY

SEWAGE DISPOSAL  
 SEPTIC    PUBLIC

NAME OF APPLICANT... \_\_\_\_\_

DATE... \_\_\_\_\_

# TYPICAL SKETCH for BUILDING PERMIT



**CUSTOMER ASSISTANCE GUIDE  
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

**COMMERCIAL AND MULTI-FAMILY**

- Please read all of the following information.
- The following is a check list. You must have a "checkmark" in all the sections listed below prior to submitting your application

\_\_\_\_\_ Sub-division and land development approval, if required.

Plan Review options:

\_\_\_\_\_ Plans may be submitted electronically (**Preferred Method**) by going to our website, [www.mdia.us](http://www.mdia.us), and click on Offices, click on Plan Review and then Submit Plans. If using the electronic method, once the plans are approved, they will be returned to the design professional and it will be their responsibility to make as many hard copies as needed and provide them to the BCO and the municipality so the permit can be issued. No permits will be issued and construction **shall not** start until all applicable fees are paid. It is then required that a completed set of stamped plans be on the jobsite and made available to the field inspector during the construction.

OR

\_\_\_\_\_ 3 (three) complete paper sets of sealed drawings, including specification books from a PA registered design professional that show in detail code compliance for all work proposed.

\_\_\_\_\_ A site plan showing the outside dimensions of the proposed structure, including distances in feet to the front, sides and rear property lines.

\_\_\_\_\_ Sewer permit.

\_\_\_\_\_ Workers' compensation insurance certificate or an affidavit of exemption.

\_\_\_\_\_ Location of parking spaces, accessible routes, public transportation stops and other required accessibility features.

\_\_\_\_\_ Highway access permit Penn Dot/Municipal, if required.

\_\_\_\_\_ Plan review/fee (permit clerk will calculate).

\_\_\_\_\_ Automatic fire sprinkler system designed in accordance with NFPA 13 where applicable.

\_\_\_\_\_ Completed building permit application.

MDIA will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked "approved". A building permit will be issued and the applicant will be notified of the inspection fees and when they can pick-up the permit at the Municipal Building. All fees shall be paid prior to the issuance of the permit. Then use the inspection procedures provided to have all of the required inspections performed.

## **INSPECTION PROCEDURES COMMERCIAL AND MULTI-FAMILY CONSTRUCTION**

- Building permit must be posted on the site of the work and clearly visible from the road until completion of the project.
- Your approved plans must be available at all times for inspection. These are the plans that were submitted with your application and were marked "Approved" by the building code official.
- **DO NOT schedule an inspection if the work is not ready!!!!**
- When scheduling an inspection, you must supply a permit number to the inspector.

### **PLEASE GIVE THREE (3) WORKING DAYS ADVANCE NOTICE FOOTING INSPECTION WILL BE GIVEN PRIORITY**

#### **MIDDLE DEPARTMENT INSPECTION AGENCY, INC.**

1. Footing – To be done after forming and prior to placing of concrete.  
**Inspector, Patrick Duffy                      Phone, 1-800-922-6342**
2. Foundation inspection – French drain and water-proofing prior to backfilling.  
**Inspector, Patrick Duffy                      Phone, 1-800-922-6342**
3. Plumbing under slab (rough-in) done prior to placing concrete floor.  
**Inspector, Patrick Duffy                      Phone, 1-800-922-6342**
4. Electrical – Rough-in to be done prior to insulating.  
**Inspector, Jeff Bayton                      Phone, 1-800-608-6342**
5. Framing inspection – Done prior to insulating, but after heating, plumbing and wiring are roughed in, and prior to any exterior finishes being applied.  
**Inspector, Patrick Duffy                      Phone, 1-800-922-6342**
6. Energy conservation.  
**Inspector, Patrick Duffy                      Phone, 1-800-922-6342**
7. Wallboard  
**Inspector, Patrick Duffy                      Phone, 1-800-922-6342**
8. Final Electrical - When job is completely finished.  
**Inspector, Jeff Bayton                      Phone, 1-800-608-6342**
9. Final inspection – When job is completely finished, prior to occupancy permit and after plumbing, mechanical and electrical.  
**Inspector, Patrick Duffy                      Phone, 1-800-922-6342**

**BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE**

Safe digging is  
no accident!

Know what's  
below.

Dial 8-1-1  
before you dig.



**TEMPORARY MARKING GUIDELINES**

	Proposed Excavation
WHITE	Temporary Survey Markings
PINK	Electric Power Lines, Cables, Conduit and Lighting Cables.
RED	Gas, Steam, Air, Vacuum or Condensate Lines, or Sewer, Stormwater, or Other Lines.
YELLOW	Fire Alarm, Fire Sprinkler, or Fire Alarm Control Lines.
ORANGE	Communication, Alarm or Signal Lines, Cables or Conduit and Traffic Loops.
BLUE	Potable Water
PURPLE	Reclaimed Water, Irrigation and Storm Lines
GREEN	Sewers and Drain Lines

The following information is needed when you call PA One Call System.

**YOUR TELEPHONE NUMBER**  
**YOUR MAILING ADDRESS**  
**COUNTY** - The name of the county where the work will take place  
**MUNICIPALITY** - City, Township or Borough where the work will take place  
**THE ADDRESS WHERE THE WORK WILL TAKE PLACE**  
**THE NEAREST INTERSECTING STREET TO THE WORK SITE**  
**THE NAME OF A SECOND INTERSECTION NEAR THE WORK SITE**  
**IS THE PROPOSED EXCAVATION AREA (WORK SITE) MARKED IN WHITE** - Yes or No  
**OTHER INFORMATION THAT WOULD HELP THE LOCATOR FIND THE SITE** - Clarifying information to specify the exact location of the dig  
**THE TYPE OF WORK BEING DONE**  
**WHETHER THE WORK WILL TAKE PLACE IN:** Street, Sidewalk, Public or Private Property  
**THE APPROXIMATE DEPTH OF ANY AREAS BEING DISGORGED**  
**THE APPROXIMATE LENGTH OF THE EXCAVATION** - The approximate length and width or diameter  
**THE METHOD OF EXCAVATION** - How will the earth be moved  
**WHO IS THE WORK BEING DONE FOR**  
**PERSON TO CONTACT IF THE UTILITIES HAVE QUESTIONS**  
**THE CONTACT PERSON'S PHONE NUMBER** - The phone number with area code for daytime contact  
**THE BEST TIME TO CALL**  
**FAX NUMBER AND/OR EMAIL ADDRESS** - The fax number and/or email address will be sent to you  
**SCHEDULED EXCAVATION DATE AND START TIME** - not less than 3 business days or more than 10 business days  
**DURATION OF A JOB** - How long will the job take  
**ANY ADDITIONAL REMARKS YOU MAY HAVE**  
You will be given a 10 digit serial number as confirmation of your call and our system will send you the responses from the utilities on the morning of your scheduled excavation date via fax or email!

Know what's below.  
Dial 8-1-1 before you dig.



www.pa811.org

## What do we do?

We are the "Call before you dig" company for all of Pennsylvania. If you plan to disturb the earth with powered equipment, you are required by Pennsylvania law to notify the underground utility companies of your intent to do so. Notification occurs by calling 8-1-1 or 1-800-242-1776 24 hours of the day, every day of the year. Notification can also be done on our website at [www.paonecall.org](http://www.paonecall.org).

We will then notify the utility companies nearby of your intent to dig. The utility companies are responsible to mark where their underground lines are located with colored flags, paint or chalk.

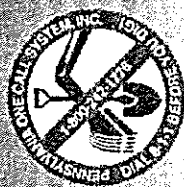
### Please Note:

- PA One Call does not mark utility lines.
- In some cases, the utility company may not mark the service lines you own.
- For more information, visit [www.paonecall.org](http://www.paonecall.org) or call 8-1-1 or 1-800-242-1776 for details.
- Information is all the dig, one call, one message.

## Why should you call?

Safe digging is no accident if you are installing a fence or deck, or digging for a mailbox post, patio or other excavation project, it is important to know what's below you dig. The utility companies do not want an accident either. The best way to learn where underground utility lines are located is to call before you dig.

For more information, visit [www.paonecall.org](http://www.paonecall.org)



## Homeowner Quick Tips

- One easy phone call to 8-1-1 three to ten business days before digging begins helps keep your neighborhood safe.
- Call on Monday or Tuesday if you plan to dig on Saturday or Sunday.
- The utility companies will mark where their underground lines are located with colored paint, flags or chalk.
- Do not remove the flags if you see them in your yard.
- Our service is no cost to homeowners.
- Did you hire someone to install your fence, deck or new patio? Ask to see the PA One Call serial number before allowing them to dig on your property.

## The Excavator's Responsibility

- Dial 8-1-1 or 1-800-242-1776.
- Do not allow anyone to excavate on your property without calling.
- Always look for the markings on the ground before your dig date.
- If you do not see markings, do not allow anyone to dig. Wait for the lines to be marked by the utility.
- Whoever places the call will receive an email or fax with a list of facility owners who have marked or have not marked. Pay attention to this message.
- Respect the markings by not removing flags or disturbing the actual markings.
- Exercise care around the marked lines by hand digging.
- When the project is complete, the excavator should remove the flags or marks from the ground or pavement.
- Reprofit is the responsibility of the contractor.

## CONSTRUCTION DOCUMENTS REQUIRED

- Site plan showing to scale the size and location of all new construction and all existing structures on the site. Distances from lot lines, established street grades and proposed finished grades. All parking including accessible spaces with signage. Accessible paths to entrances.
  
- COMPLETED BUILDING PERMIT APPLICATION
- ARCHITECTURAL
- STRUCTURAL
- ELECTRICAL
- MECHANICAL
- PLUMBING
- ACCESSIBILITY (Details and elevations of restrooms, checkout counters, etc. and routes with elevations for all accessibility)
- ENERGY CALCULATIONS WITH HVAC & LIGHTING (COM CHECK OR IECC)
- ALL SIGNAGE (TACTILE EXIT, RESTROOM, ETC.)
- USE GROUP(S) (EACH AREA OR ROOM) (IBC. Chapter 3)
- BUILDING LIMITATION (HEIGHT & AREA) (IBC. Chapter 5)
- TYPE OF CONSTRUCTION (IBC. Chapter 6)
- FIRE RESISTANT MATERIALS & CONSTRUCTION (IBC. Chapter 7)
- FIRE PROTECTION SYSTEM(S) (IF REQUIRED) (IBC. Chapter 9)
- OCCUPANT LOAD (EACH AREA OR ROOM) (IBC. Section 1004)
- DEPARTMENT OF HEALTH APPROVAL FOR HEALTH CARE FACILITIES PRIOR TO SUBMISSION.
  
- SPECIAL INSPECTIONS AS PER IBC SECTION 1704 & 1710.