



City of Council Bluffs

Building Division
209 Pearl Street
(712) 890-5284

Date _____

PLAN REVIEW FORM

- 2015 International Building Code
- 2015 Uniform Plumbing Code
- 2015 International Mechanical Code
- 2015 International Fuel Gas Code
- 2015 International Fire Code
- 2012 International Energy Code
- 2009 Life Safety Code
- 2017 National Electrical Code

Design Professional Stamp

Provide name and professional Iowa license number for architect or engineer required

Project Information:

Registered Design Professional in Charge of Project:

Estimated Cost of Project: _____

Project Address: _____

Name: _____

Project Name: _____

Firm: _____

Owner: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

E-Mail: _____

Structural Engineer: _____

Geo-Tech Engineer: _____

Mechanical Engineer: _____

Electrical Engineer: _____

Civil Engineer: _____

Architect: _____

General Contractor: _____

PLAN REVIEW FORM 2015 INTERNATIONAL BUILDING CODE

1. Construction Type, Use, Height and Area

Type of Construction _____ (IBC Chapter 6)

Occupancy Group _____ (IBC Chapter 3) (for mixed use buildings, complete Section 8)

Number of Stories _____ (IBC Chapter 5)

Area per floor 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
(List any additional floors in Section 8 of this document if necessary)

Total Building Area _____ (IBC Chapter 5: complete Section 9 also)

For building additions, list the square footage of the existing building _____

Sprinkler System: Required? _____ Provided? _____ (IBC Chapter 9)

Fire Alarm System: Required? _____ Provided? _____ (IBC Chapter 9)

2. Occupant Load (IBC 1004)

3. Live Loads (IBC Chapter 16)

(a) Roof: (including drifts)IBC Min: _____ lbs/sq.ft. Designed: _____ lbs/sq.ft.

(b) Floors:..... IBC Min: _____ lbs/sq.ft. Designed: _____ lbs/sq.ft

(c) Corridors: IBC Min: _____ lbs/sq.ft. Designed: _____ lbs/sq.ft

(d) Windload IBC Min: 90mph/exp."B" Designed: _____

4. Fire Resistance Required Based on Type of Construction (IBC Tables 601 & 602)

(a) Exterior Bearing Walls Required: _____ Hr. Provided: _____ Hr.

(b) Interior Bearing Walls Required: _____ Hr. Provided: _____ Hr.

(c) Exterior Non-Bearing Walls Required: _____ Hr. Provided: _____ Hr.

(d) Structural Frame Required: _____ Hr. Provided: _____ Hr.

(e) Fire walls: (IBC Section 706) Required: _____ Hr. Provided: _____ Hr.

(f) Shaft Enclosures Required: _____ Hr. Provided: _____ Hr.

(g) FloorsRequired: _____ Hr. Provided: _____ Hr.

(h) RoofsRequired: _____ Hr. Provided: _____ Hr.

(i) Roofing Material Class.....Required: _____ Hr. Provided: _____ Hr.

(j) Openings in Exterior WallsRequired: _____ Hr. Provided: _____ Hr.

(k) Parapets: (IBC Section 705.11)Required: _____ Hr. Provided: _____ Hr.

(l) Draft Stops: (IBC Section 718) Required: _____ Hr. Provided: _____ Hr.

5. Means of Egress (IBC Chapter 10)

***Note: include egress plan and travel distance in blueprint**

(a) Number of Exits each floor..... Required: _____ Provided: _____

(b) Number of Exits Total Building Required: _____ Provided: _____

(c) Exit Width to Exterior Required: _____ Provided: _____

(d) Maximum Distance to an Exit Required: _____ Provided: _____

(e) Corridor WidthRequired: ___ Ft. ___ In___ Provided: ___ Ft___ In___

(f) Corridor Protection Required Required: Yes ___ No___ Fire Rating Provided:___ Hr

6. Energy Compliance (International Energy Conservation Code)

This building complies with IECC Chapter 5, Commercial Energy Efficiency

An alternative means was used to achieve full energy code compliance.

*Method used: _____

Analysis performed by: Architect _____ Engineer _____ Registration No. _____

Name: _____ Firm _____

Phone () _____ Fax: () _____

*** Submit all necessary tables, calculations, forms, etc , to verify full code compliance**

7. Special Inspections (IBC Sec. 1704)

Are Special Inspections required for this project? Yes No

*** If yes,** submit a complete statement of special inspections prepared by the registered design professional in responsible charge, to the Permits and Inspections Division. The special inspections statement shall include the following information, and any other pertinent information as required by Section 1705 of the 2006 IBC.

1. The materials, systems, components and work required to have special inspection or testing by the building official, or by the registered design professional responsible for each portion of the work.
2. The type and extent of each special inspection
3. The type and extent of each test.
4. Additional requirements for special inspection or testing for seismic or wind resistance as specified in Section 1705.3, 1705.4, 1707 or 1708.
5. For each type of special inspection, identification as to whether it will be continuous special inspection or periodic special inspection.

*Please identify special inspector or agency to perform work. Periodic and final reports on the special inspections shall be submitted to the Building Official before the Certificate of Occupancy will be issued.

The special inspector must be identified, and the statement of special inspection must be submitted, before the building permit will be issued.

Special Inspection Agency: _____

Name: _____ Title: _____ Phone _____

8. Maximum Allowable Area (Please show entire calculation)

(a) Basic allowable area (Table 503) _____

(b) Increase for frontage (506.2) _____

(c) Increase for sprinklers (506.3) _____

(d) Maximum allowed area per story _____

(e) Total allowable building area _____

List all individual floor areas that are not shown in Section 1 of this document:

9. Mixed Uses (IBC Sec.508)

(a) Incidental Use Area(s):

Type: _____	Separation Provided: _____
Type: _____	Separation Provided: _____
Type: _____	Separation Provided: _____

(b) Accessory Use Area(s):

Use: _____	Area (sq.ft.): _____	% of Total Area: _____
Use: _____	Area (sq.ft.) _____	% of Total Area: _____
Use: _____	Area (sq.ft.) _____	% of Total Area: _____

(c) Non-separated uses:

List the use with most restrictive height and area limitations: _____

NOTE: Building design must be based on the most restrictive provisions when uses are not separated by fire barriers or fire walls.

(d) Separated Uses: (Identify each separated use in the building)(IBC table 508.4)

Between Group: _____ and Group: _____ Separation Provided: _____ Hr.

Sprinkler reduction applied? ___ Yes ___ No

Identify other reductions & code section applied: _____

Between Group: _____ and Group: _____ Separation Provided: _____ Hr.

Sprinkler reduction applied? ___ Yes ___ No

Identify other reductions & code section applied: _____

Between Group: _____ and Group: _____ Separation Provided: _____ Hr.

Sprinkler reduction applied? ____ Yes ____ No

Identify other reductions & code section applied: _____

Between Group: _____ and Group: _____ Separation Provided: _____ Hr.

Sprinkler reduction applied? ____ Yes ____ No

Identify other reductions & code section applied: _____

NOTE: Attach diagram indicating separations provided, or include same with blueprints.

The sum of the ratios is as follows:

Group _____ Group _____ Group _____ Group _____

Actual area = _____ Actual area = _____ Actual area = _____ Actual area = _____
Allowed area Allowed area Allowed area Allowed area

Sum of ratios _____ + _____ + _____ + _____ = _____

* The maximum total building area shall be such that the sum of the ratios for each such area on all floors as calculated according to Section 508.3.3.2 shall not exceed 2 for two-story buildings and 3 for buildings three stories or higher.

10. Zoning: District _____

Use _____

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Permitted use | <input type="checkbox"/> Site plan attached, drawn to scale, with dimensions, etc. |
| <input type="checkbox"/> Conditional use | <input type="checkbox"/> Site plan review has been completed |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Corridor Design Overlay (City of Cb15.32) |
| <input type="checkbox"/> Site plan review has been completed | <input type="checkbox"/> Historic Preservation Commission Review |
| <input type="checkbox"/> Flood Plain Development | <input type="checkbox"/> Planned Commercial or Planned Residential Development |
| <input type="checkbox"/> Airport Zone | |
| <input type="checkbox"/> IDOT | |

Supplemental Use: _____

Development Regulations:

	<u>Allowed/required</u>	<u>Proposed</u>	<u>Comments</u>
a. Site Area	_____	_____	_____
b. Minimum Width	_____	_____	_____
c. Site area/unit	_____	_____	_____
d. Floor area	_____	_____	_____
e. FAR (d/a)	_____	_____	_____
f. Setback			
Front yard	_____	_____	_____
Street side yard	_____	_____	_____
Interior side yard	_____	_____	_____
Rear yard	_____	_____	_____

- a. Feedwire Size: _____
- b. Conduit Size & Type: _____
- c. Grounding Electrode: _____
- d. Continuous / Noncontinuous: _____

16. Available Fault Current at Main Breaker: _____

17. Required Fault Current Rating for Breaker: _____

18. Type of Emergency System and Load: _____

19. Pre-Connection Deposit: Paid: _____ Yes _____ No. _____

20. Accessibility (IBC Chapter 11):

1. a. New Construction Total Compliance Required: _____ Provided: _____

b. 20% disproportionality (2010 ADA) Required: _____ Provided: _____

2. Height of Items from floor:

a. Pull Stations Required: 15" - 48" Provided: _____

b. Thermostats Required: 15" - 48" Provided: _____

c. Switches Required: 15" - 48" Provided: _____

d. Outlets Required: 15" - 48" Provided: _____

e. Counter tops Required: 28" - 36" Provided: _____

f. Visible Signals Required: 80" - 96" Provided: _____

g. Top of Water Closet Required: 17" - 19" Provided: _____

h. Under Lavatory Clearance Required: 29" min Provided: _____

i. Grab Bars Required: 15" - 48" Provided: _____

j. Fountain spout Required: 36" max Provided: _____

k. Telephone Coin Slot Required: 48" max Provided: _____

l. Clothes Rod Required: 54" max Provided: _____

m. Elevator Call Buttons Required: 42" center Provided: _____

3. Width of Items:

n. Turning Diameter Required: 60" min. Provided: _____

o. Clear Doorway Opening Required: 32" min. Provided: _____

p. Parking Spaces Required: _____ Provided: _____

q. Water Closet Approach Required: _____ Provided: _____