

# COTTAGE GROVE COMMERCIAL BUILDING PERMIT SUBMITTAL AND PLAN REVIEW GUIDELINE

The following shall be completed and submitted to the City Building Division prior to project review.

1. Completed permit applications for building, grading, mechanical, plumbing, sewer and water, storm sewer, irrigation, fire suppression, signage, and other subcontracts requiring a separate permit. Contractor ID and value of each contract must be stated on permit applications. Contractor licenses must be current.
2. **Fire Suppression Systems Review** Submit completed Attachment F, building permit application, and three (3) full sets of plans and specs to the Cottage Grove Building Division.
3. **Sewer Availability Connections (SAC)** Submit necessary documents to the Metropolitan Council Environmental Services to determine the (SAC) units assigned to this project. Please forward questions to 651-602-1118
4. **Plumbing Review** Submit plumbing plans to the MN Dept of Labor & Industry, Construction Codes & Licensing Plumbing Plan Review Division for review and approval of all plumbing installation. Please forward questions to 651-284-5067
5. Provide approval letters/certificates from any other regulatory agencies if/as required (e.g. Washington County Health Department, MPCA, Watershed District, etc.) to the City on an agreed upon schedule.
6. Provide three (3) complete full size sets of plans one (1) reduced, full set of plans and two (2) sets of plan specifications to the City Building Division. Plans must include architectural, structural, HVAC, plumbing, site layout, grading and landscape plans signed by the appropriate registered design professional.
7. Provide one (1) set of plans to the City Engineer, Fire Marshal and City Planning Division. Please contact to determine what will be necessary for review.
8. Provide energy calculations. The prescriptive path from ASHRAE Standard 90.1-2004 or one of two performance paths from ASHRAE Standard 90.1-2004. Instructions and forms are available at [www.ashrae.org/technology/page/97](http://www.ashrae.org/technology/page/97).
9. Soil test report preliminary to any excavation/grading work.
10. Submit all fire-rated assembly and fire-stopping material documentation for Building Division review.
11. Plans will be reviewed and approval by Cottage Grove Building, Planning, Engineering, Public Safety, and Public Works Departments.

NOTE: Assure that City Planning has been involved with your project planning to assure no site variances or other conditions warrant additional City Planning/Council approval. A variance application, conditional use permit, environmental assessment/worksheet or related documents may also be required. Contact City Planning staff for **site details** pertinent to your project.

**Reference technical material used for this plan review document:** 2006 International Building Code, 2007 MN State Building Code, National Electrical Code, and project-related City Codes and ordinances.

## For additional information, contact:

Bob LaBrosse, Building Official	651-458-2828
PJ McMahon, Fire Marshal	651-458-2862
Jennifer Levitt, City Engineer	651-458-2890
Planning Division	651-458-2827
Building/Inspections Division	651-458-2804

City of Cottage Grove  
**COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE**  
**Commercial Permit Fee Calculation Worksheet**

Building Division

Project Site Address: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Contact(s): \_\_\_\_\_  
(Name/business address/phone/e-mail address. Please use separate sheet if necessary.)

Site Acres: \_\_\_\_\_ Building Area (sf): \_\_\_\_\_ Project Valuation: \_\_\_\_\_

**Verify Charges as applicable to project specifications:**

<input type="checkbox"/> Building permit		\$	-
<input type="checkbox"/> Plan review		\$	-
<input type="checkbox"/> State Surcharge		\$	-
<input type="checkbox"/> Office fee		\$	-
<b>Subtotal:</b>		\$	-

<input type="checkbox"/> Water meter/domestic:	Size:	"	\$	-
<input type="checkbox"/> Water meter/irrigation:	Size:	"	\$	-
<input type="checkbox"/> Sales tax 7.125 x meter(s) cost:			\$	-
<b>Subtotal:</b>			\$	-

**Mechanical Permits:**

(Project cost x 1% + surcharge @ Project cost x .0005)

<input type="checkbox"/> Plumbing permit - service facilities:	\$	-
<input type="checkbox"/> Sewer/water connect permit:	\$	-
<input type="checkbox"/> HVAC permit:	\$	-

**Development Charges:**

	<b>\$ Rate</b>
<input type="checkbox"/> MCES SAC units: _____ @	\$ -
<input type="checkbox"/> Waterworks area per/acre:	\$ -
<input type="checkbox"/> Sanitary Sewer area per/acre:	\$ -
<input type="checkbox"/> Storm Sewer area per/acre:	\$ -
<input type="checkbox"/> Water connect per/acre:	\$ -
<input type="checkbox"/> Sanitary Sewer connect per/acre:	\$ -
<input type="checkbox"/> Park Dedication fee:	\$ -
<input type="checkbox"/> Grading. Value \$ _____ cu/yds:	\$
<input type="checkbox"/> Signage permit. value:	\$
<input type="checkbox"/> Other: (TBD per project scope)	
<input type="checkbox"/> Contractor(s) License required:	<b>Local                      State</b>

**For information specific to your project contact:**

Planning Division: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Building Division: \_\_\_\_\_ Phone: \_\_\_\_\_

**Questions? 651-458-2804**

City of Cottage Grove  
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE



12800 Ravine Parkway South · Cottage Grove, Minnesota 55016    **BUILDING DIVISION 651-458-2804 FAX 651-458-2897**

COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE  
Introduction

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

Facility Name: \_\_\_\_\_

Project Contact(s): \_\_\_\_\_

(Name/address/phone/fax – use additional sheets if necessary)

The architect of record must complete the Commercial Plan Review for Code Compliance worksheet and related attachments in their entirety. Provide specification number and/or plan detail number or other information requested. Explain responses and provide calculations as requested and/or applicable. Complete and accurate information will expedite the plan review process. Building code section or ordinance numbers are given to direct you to the relevant code sections.

I hereby certify that this Cottage Grove Plan Review was completed by me or under my direct supervision, and that I am a duly registered architect under the laws of the State of Minnesota.

Signed: \_\_\_\_\_

Reg. No.: \_\_\_\_\_ Date: \_\_\_\_\_

Architect Name/Address/Phone/Fax: \_\_\_\_\_

(Please Print or Type)

Attachments

CONTENTS

- A Commercial Plan Review for Code Compliance
- B Total Allowable Floor Area Calculations
- C Total Occupant Load Calculations
- D Plumbing Fixtures Required
- E Special Inspection and Testing Schedule
- F Fire Protection System Plan Review Worksheet
- G Subcontractor List

City of Cottage Grove  
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

INFORMATION REQUESTED  
Use separate sheets as necessary

PROVIDE SPECIFICATION SECTION NUMBER AND/OR PLAN DETAIL  
NUMBER IN RESPONSE TO THE INFORMATION REQUESTED

Date \_\_\_\_\_

Project Name \_\_\_\_\_

Project Location \_\_\_\_\_

General Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**State Statute 326.03** Have the architectural, structural, mechanical drawings, and page 3 of this Commercial Plan Review document, been stamped and signed by a Minnesota registered architect?

Yes\_\_\_\_ No\_\_\_\_

**Total square feet of building:**

\_\_\_\_\_

**Setbacks of building to property lines:**

Front\_\_\_\_\_ Rear\_\_\_\_\_ Side\_\_\_\_\_ Side\_\_\_\_\_

**Energy calculations provided?**

Yes\_\_\_\_ No\_\_\_\_ Reference\_\_\_\_\_

**IBC 301** Occupancy Group(s)

\_\_\_\_\_

**IBC Table 414.2.2** Have any hazardous material control areas been identified?

Yes\_\_\_\_ No\_\_\_\_ Reference\_\_\_\_\_

**IBC 508.3.2 or 508.3.3** Have buildings with mixed occupancies been designed as per the separated or non-separated use provisions?

Separated\_\_\_\_ Non-separated\_\_\_\_

**IBC 508.3.3 (Table)** Ratings and location of occupancy separations

Rating\_\_\_\_\_ Reference\_\_\_\_\_

**IBC Chapter 5.** Total Allowable Floor Area.

Please complete Attachment B.

**IBC Chapter 5.** Height of building and number of stories?

Height: \_\_\_\_\_ Stories: \_\_\_\_\_

**IBC 501.2** Has building identification and/or suite numbers been installed on the building in a visible location?

Yes\_\_\_\_ No\_\_\_\_ Reference\_\_\_\_\_

**IBC 602.** Construction classification?

\_\_\_\_\_

**IBC Table 601** What are the fire resistive ratings of the following?

(Provide specifications and/or detail number)

Exterior bearing walls Rating\_\_\_\_\_ Reference\_\_\_\_\_

Interior bearing walls Rating\_\_\_\_\_ Reference\_\_\_\_\_

Exterior non-bearing walls Rating\_\_\_\_\_ Reference\_\_\_\_\_

Structural frame Yes\_\_\_\_ No\_\_\_\_ Reference\_\_\_\_\_

Permanent partitions Rating\_\_\_\_\_ Reference\_\_\_\_\_

Shaft enclosures Rating\_\_\_\_\_ Reference\_\_\_\_\_

Floors Rating\_\_\_\_\_ Reference\_\_\_\_\_

Roofs Rating\_\_\_\_\_ Reference\_\_\_\_\_

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INFORMATION REQUESTED Use separate sheets as necessary	PROVIDE SPECIFICATION SECTION NUMBER AND/OR PLAN DETAIL NUMBER IN RESPONSE TO THE INFORMATION REQUESTED
<b>IBC 703.</b> Are documentation and details provided in plans/specs for all fire stop materials?	Yes___ No___ Reference_____
<b>IBC 704.</b> Do the exterior walls comply with section 704?	Yes___ No___ Reference_____
<b>IBC 705 &amp; 706</b> Are fire walls and/or fire barriers identified and detailed on architectural drawings?	Yes___ No___ Reference_____
<b>IBC 705.8.</b> Are openings in a fire wall protected?	Yes___ No___ Reference_____
<b>IBC 707.7.</b> Is every opening into a shaft enclosure protected by a self-closing fire assembly and provided with proper fire protection?	Yes___ No___ Reference_____
<b>IBC 708.</b> Have fire partitions been identified?	Yes___ No___ Reference_____
<b>IBC 709 &amp; 710.</b> Have smoke barriers or smoke partitions been identified?	Yes___ No___ Reference_____
<b>IBC 712,</b> Are all penetrations within rated walls protected? (Please provide a UL or comparable testing method design for review for each dissimilar penetration)	Yes___ No___ Reference_____
<b>IBC 714.</b> Are fire-resistance-rated assemblies and structural members provided with the proper protection?	Yes___ No___ Reference_____
<b>IBC 715.</b> Are openings protected as required by IBC Table 715.4?	Yes___ No___ Reference_____
<b>IBC 715.1</b> Have all openings within rated walls been protected?	Yes___ No___ Reference_____
<b>IBC 715.4.5</b> Are fire-rated assemblies identified with a permanent label?	Yes___ No___ Reference_____
<b>IBC 715.5</b> Has a fire protection rating been identified for the glazing within fire-rated assemblies?	Yes___ No___ Reference_____
<b>IBC 716.5</b> Are fire dampers, smoke dampers, combination fire/smoke dampers and ceiling radiation dampers installed in all duct penetrations of 1) fire walls and fire barriers 2) horizontal assemblies 3) shafts 4) fire rated floors and ceilings 5) fire rated corridor walls?	Yes___ No___ Reference_____
<b>IBC 717.2.</b> Is fire blocking provided?	Yes___ No___ Reference_____
<b>IBC 717.3</b> Are draft stops installed?	Yes___ No___ Reference_____
<b>IBC Table 803</b> Do the interior finish materials comply with Table 803.5	Yes___ No___ Reference_____
<b>IBC 903.2</b> Are fire sprinklers installed? NFPA 13, NFPA 13R, NFPA 13D (Please specify)	Yes___ No___ Reference_____
<b>IBC 903.2.6.1</b> Have any high-piled storage areas been identified for this project?	Yes___ No___ Reference_____
<b>IBC 903.4</b> Are all valves controlling the water supply for the automatic sprinkler system and water flow switches electrically supervised?	Yes___ No___ Reference_____
<b>IBC 903.4.2</b> Has a sprinkler water-flow alarm been installed on the exterior of the building in an approved location?	Yes___ No___ Reference_____
<b>IBC 905.3</b> Are standpipes provided?	Yes___ No___ Reference_____
<b>IBC 906.1 &amp; IFC 906.3(1) Table.</b> Have fire extinguishers been identified and spaced at a maximum travel distance of 75 feet?	Yes___ No___ Reference_____
<b>IBC 907.</b> Has a firm alarm or detection system been designed and installed for this facility?	Yes___ No___ Reference_____
<b>IBC 909</b> Has a mechanical or passive smoke control system been installed?	Yes___ No___ Reference_____

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Use separate sheets as necessary

PROVIDE SPECIFICATION SECTION NUMBER AND/OR PLAN DETAIL  
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IBC 910.2 Are smoke and heat vents installed?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1004.1 Total Occupant Load.

Please complete Attachment C.

IBC 1004.3 Has every room or space identified as Assembly occupancy been provided with a Maximum Occupant Load sign posted in a conspicuous location?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC Table 1005.1 Has the minimum width of egress aisles been calculated as required?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1006.3 Are the paths of exit travel including exterior discharge illuminated upon the loss of primary power?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1007 Have accessible means of egress been identified?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1008.1.1 Are all exit doors 3'-0" x 6'-8" minimum?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1008.1.2 Do egress doors swing in direction of travel?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1008.1.8.3 Identify lock or latch type at all doors.

Reference \_\_\_\_\_

IBC 1008.1.9 Is panic hardware to be installed?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1009.1 Has stairway width been calculated to provide proper egress as required by IBC Table 1005.1?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1009.11 Is roof access provided?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1011.1 Are exit signs installed to clearly direct the path of exit travel?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1012 Are handrails installed 34 to 38 inches above nosing of the tread; of continuous length of stairs and extending at least 12 inches beyond top and bottom risers?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1014.3 Has the common path of egress travel been identified?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1015.2.1 If more than one exit is required, are the exits separated in accordance with section 1015.2.1?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1015.3 Are the exit access doorways within the boiler, incinerator, furnace or refrigeration machinery rooms compliant with section 1015?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1016 Has the exit access travel distance been calculated in accordance with table 1016.1?

Number of feet \_\_\_\_\_

IBC 1017 Have the corridors been constructed with a fire rating in accordance with table 1017.1?

Rating \_\_\_\_\_ Reference \_\_\_\_\_

IBC 1017.2 What is the corridor width?

Width \_\_\_\_\_ Reference \_\_\_\_\_

IBC 1017.3 Do any dead end hallways or corridors exceed 20 feet in length?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1020.1.5 Is an approved barrier provided at stairs to prevent persons from unintentionally continuing into the levels below?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1203.2 What is ratio of attic ventilation?

\_\_\_\_\_

IBC 1207 Have all dwelling separation walls been provided with an approved sound transmission rating?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

IBC 1209 Has access been provided to all unoccupied spaces?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

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**PROVIDE SPECIFICATION SECTION NUMBER AND/OR PLAN DETAIL NUMBER IN RESPONSE TO THE INFORMATION REQUESTED**

**IBC 1209.2** Has a 20 inch by 30 inch minimum attic access been provided to all attic areas? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IBC 1210.2** Do walls within two feet of urinals and water closets have a smooth, hard, nonabsorbent surface to a height of 4 feet above the floor? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**SBC 1303.1500** Is recycling space provided? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**SBC 1305.1019.1** Number of exits? \_\_\_\_\_

**SBC 1305.1210.1** Do toilet, shower, and bathing room floors have a smooth, hard, nonabsorbent surface that extends upward onto the walls at least five inches? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**SBC 1305.1503.4** Are roof drains and secondary drains designed to prevent the ponding of water on the roof? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**SBC 1305.1608.2 & 1303.1700** Has the ground snow load of 50lbs/square foot been used for building and structure design? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**SBC 1305.1805.2.1** Do plans reflect consideration of potential frost heave at exterior door sills and landings? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IBC Table 1505.1** Is the roof fire retardant? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IBC 1704** Please complete Attachment E to list special inspections.

**IBC 1807.2.1** Has dampproofing been provided between the soil and concrete slab? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IBC 2406.3 and 2406.2** Has safety glazing been installed in hazardous locations and identified in a permanent manner? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IBC 2505, 2102.1 & 2305.3** Have shear walls been identified? Provide a plan sheet solely dedicated to shear wall location along with construction and design details. Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IBC 2509.3** Has water-resistive gypsum been installed in the proper locations? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IBC 2603.4** Has interior foam plastic been protected with an approved thermal barrier? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IBC 2603.5.6** Assure that all foam plastic is labeled with the approved agencies identification. Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**NEC 230-72 (c)** Does each occupant in a multi-occupancy building have access to the main service from a common area? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**NEC 250.50 Concrete-Encased Electrode** Are all grounding electrodes bonded together to form the premises grounding electrode system? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IMC 602 and NEC 300-22(c)** Is the void above suspended ceiling being used as a return air plenum? If so, explain protection of plumbing and electrical wiring. Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

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**Assure that this building has been designed to be accessible in accordance with IBC Chapter 11, SBC chapter 1341 and ICC/ANSI A117.1**

**IBC 1105.1** Is the building provided with a minimum of one accessible entrance? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IBC 1106.5 & ICC/ANSI 502.2 & 502.4** Have one in six accessible parking spaces been identified as "Van Accessible" and provided with proper access aisle width. Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**IBC 1106.6** Are handicapped parking spaces located as near as practical to building entrance? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 302.1** Are accessible routes provided with a slip-resistant surface? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 304 - 307** Are all required accessible plumbing fixtures provided with the appropriate maneuvering clearances and clear floor space? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec.308** Are all controls and mechanisms installed at a height and location compliant with the minimum and maximum reach requirements? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1. sec 403.5.** Does the clear width of an accessible route comply with Table 403.5? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 404.2.3** Are maneuvering clearances provided at doorways compliant with Table 404.2.3.1? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 404.2.4** Are floors level within 1/2 inch at doors? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 404.2.5** Do two doors in a series provide a 48" clear opening? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 502.7** Is handicapped parking sign post mounted 60" inches above grade to bottom of sign? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 503.4** Are parking spaces and access aisles paved at a slope not to exceed a ratio of 1:48? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 602.2** Is the water fountain alcove at least 30 inches in width? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 602.3 & 602.4** Does at least one water fountain have a spout height within 36 inches of the floor with accessible operable controls? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 604.10** Have any water closets or toilet compartments been identified strictly for children's use? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 609.8** Are grab bars installed within all accessible restrooms capable of withstanding a minimum 250 lb load? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 701** Has accessible signage been designed and installed in accordance with Chapter 7? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**ICC A117.1 sec 704.2** Does public telephone have unobstructed access? Yes\_\_\_ No\_\_\_ Reference\_\_\_\_\_

**SPC State Plumbing Code**

City of Cottage Grove  
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**SPC 4715.1100** Have grease, sand or oil separators been identified?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**SPC 4715.1390** Subp. 2 Have all commercial kitchens been provided with prep and cleaning fixtures connected directly to the drainage system?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**SPC 4715.1900** has the potable water system been designed to prevent contaminations from all non-potable elements?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**SPC 4715.2300** Subp. 3 Does the service sink have at least a 2" drain?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**IMC/IFGC International Mechanical and Fuel Gas Code**

**IMC 301.2** Has the HVAC system been designed and installed for efficient utilization of energy in accordance with the International Energy Conservation Code?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**IMC 306 & SBC 1346.0306.5** Has access been provided to allow service and maintenance of all roof top HVAC equipment?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**IMC Table 403.3** Has the minimum outdoor airflow rate been designed in accordance with IMC table 403.3?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**IMC 403.3.4** Assure that the HVAC system has been balanced and balance report submitted to the City Building Official

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**IMC 502.6.3.6** Have all exhaust duct termination points been identified to assure compliance with the State minimum exhaust termination requirements?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**IMC 602** Have all return air plenums been designed to assure no combustible material is installed within the plenum?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**IMC 606** Have both supply and return air ducts been provided with smoke detection?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**IFGC 403** Where corrugated stainless steel tubing is used for gas supply, assure that the pipe is grounded and approved by the State Electrical Inspector.

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**IFGC 410** Are pressure regulators protected from physical damage and vented in accordance with the manufacturer's instructions?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**MFC Minnesota Fire Code**

**MFC 503** Has a fire apparatus access road been provided?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**MFC 506** Has a Knox Box (Key Safe) location been identified?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**MFC 508.5.1** Have fire hydrants been identified on the civil plans and locations been approved by the Fire Marshal and City Engineer?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**MFC 906** Are portable fire extinguishers installed?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**MFC 912** Has the fire department connection been approved by the City Fire Marshal?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**MFC 2301** If high piled combustible storage has been identified as part of the use for this facility, do all areas comply with MFC Chapter 23?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**MFC 2301.4** If high piled storage areas have been identified, an evacuation plan shall be submitted to the City Fire Marshal.

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

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**City Code Title 8-1-3** Identify water meter size(s) domestic and irrigation?

Reference \_\_\_\_\_

**City Code Title 8-1-10** Has the domestic water been protected by an RPZ backflow valve before the meter(s)?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**City Code Title 11-6-4** Are the roof top HVAC units and ground level mechanical/electrical equipment screened from view?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**City Code Title 11-6-3** Has a dumpster enclosure been designed in accordance with City construction standards?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**MN Statute 299F.51** Has this building been designed to accommodate Carbon Monoxide Detection?

Yes \_\_\_ No \_\_\_ Reference \_\_\_\_\_

**If hazardous materials or chemicals are being stored on site, please provide MSDS information and amounts proposed.**

**ELEVATORS**

Contact the MN Building Codes & Standards Division, Elevator Section, (612) 297-1644 for all elevator information, plan reviews, and inspections.

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**TOTAL ALLOWABLE FLOOR AREA.** IBC Chapter 5 Sections 506 & 507

If any allowable increases are used due to frontage or sprinkler increase (NFPA 13), please specify and show calculations. (Attach separate sheets as necessary)

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**TOTAL OCCUPANT LOAD.** IBC 1004.1

Show breakdown of various occupancies, egress convergence or other occupant load break points for determining total occupant load. (Attach separate sheets as necessary)

<u>Room Name</u>	<u>Room Number</u>	<u>Area (S.F.)</u>	<u>Occupant Load Factor</u>	<u>Occupant Load</u>
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**PLUMBING FIXTURES REQUIRED.** IBC Chapter 29. (Attach separate sheets as necessary)

Required Number of Plumbing Fixtures. Show calculations.

PART 1

<u>Room Name</u>	<u>Room No.</u>	<u>Area (S.F.)</u>	<u>Occupant Load Factor</u>	<u>Occupant Load</u>
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PART 2

Total Occupant Load: \_\_\_\_\_ (Per Part I)

<u>Fixtures</u>	<u>Ratio</u>	<u>Total Installed</u>	<u>Total Handicap Equipped</u>
Water Closets	1 per ___ occupants		
Urinals	1 per ___ occupants		
Lavatories	1 per ___ occupants		
Drinking Fountains	1 per ___ occupants		
Bathtubs or Showers	1 per ___ occupants		
Kitchen Sinks	1 per ___ occupants		
Service Sinks	1 per ___ floor		

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**Special Structural Testing and Inspection Program Summary Schedule**

PROJECT NAME: \_\_\_\_\_ Project No. \_\_\_\_\_  
 LOCATION/ADDRESS: \_\_\_\_\_ Permit No. \_\_\_\_\_ (1)

Technical (2)		Description (3)	Type of Inspector (4)	Specific Report Frequency (5)	Assigned Firm (6)
Section	Article				

Note: **This schedule shall be filled out and included in a Special Structural Testing and Inspection Program.**  
 (If not otherwise specified, assumed program will be "Guidelines for Special Inspection & Testing" as contained in the State Building Code and as modified by the state adopted IBC.)  
 \*A complete specification-ready program can be downloaded directly by visiting CASE/MN at [www.cecm.org](http://www.cecm.org)\*

- (1) Permit No. to be provided by the Building Official
- (2) Referenced to the specific technical scope section in the program.
- (3) Use descriptions per 2000 IBC Chapter 17, Section 1704 as adopted by Minnesota State Building Code.
- (4) Special Inspector – Technical (SIT); Special Inspector – Structural (SIS)
- (5) Weekly, monthly, per test/inspection, per floor, etc.
- (6) Name of Firm contracted to perform services.

**Acknowledgments**  
 Each appropriate representative must sign below:

Owner	Firm	Date
Contractor	Firm	Date
Architect	Firm	Date
SER	Firm	Date
SI	Firm	Date
TA	Firm	Date
F	Firm	Date

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be identified as an attachment.

Legend: SER = Structural Engineer of Record SI-T = Special Inspector - Technical TA = Testing Agency  
 SI-S = Special Inspector – Structural F = Fabricator

Accepted for the Building Department By \_\_\_\_\_ Date \_\_\_\_\_

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**FIRE PROTECTION SYSTEM – PLAN REVIEW WORKSHEET**

Date: \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Street Address: \_\_\_\_\_

Fire Protection Contractor Name: \_\_\_\_\_

Fire Protection Contractor Address: \_\_\_\_\_

Fire Protection Contractor License Number: \_\_\_\_\_

**UNDERGROUND FIRE MAIN AND WATER SUPPLY INFORMATION:**

1. Underground Fire Main Size: \_\_\_\_\_ inches.
2. City Water Main Size: \_\_\_\_\_ inches.
3. Water Flow Test: Date: \_\_\_\_\_  
Static psi: \_\_\_\_\_ Residual psi: \_\_\_\_\_ GPM: \_\_\_\_\_
4. Hydrant Location Shown: \_\_\_\_\_
5. Adjacent Streets with Names & Location Shown: \_\_\_\_\_
6. Public City Water Supply: \_\_\_\_\_ Circulating Main: \_\_\_\_\_ Dead end Main: \_\_\_\_\_
7. Type of Pipe: Ductile: \_\_\_\_\_ PVC: \_\_\_\_\_ Transite: \_\_\_\_\_ Other: \_\_\_\_\_
8. North Direction Indicated: \_\_\_\_\_
9. Scale on Drawing Noted: \_\_\_\_\_
10. Fire Department Connection Location is Accessible: \_\_\_\_\_
11. Exterior Alarm Device is in an Acceptable and Visible Location:  
Water Motor Gong: \_\_\_\_\_ Light/Horn: \_\_\_\_\_ Electrical Bell: \_\_\_\_\_

**HAZARD CLASSIFICATION**

1. Light Hazard: \_\_\_\_\_ Description: \_\_\_\_\_
2. Ordinary Group 1: \_\_\_\_\_ Description: \_\_\_\_\_
3. Ordinary Group 2: \_\_\_\_\_ Description: \_\_\_\_\_
4. Extra Hazard 1: \_\_\_\_\_ Description: \_\_\_\_\_
5. Extra Hazard 2: \_\_\_\_\_ Description: \_\_\_\_\_
6. General Storage to 12 feet high: (NFPA 13): \_\_\_\_\_  
Commodity Class: \_\_\_\_\_
7. General Storage over 12 feet high: (NFPA 231): \_\_\_\_\_  
Storage Height: \_\_\_\_\_ feet.
8. Rack Storage: (NFPA 231C) \_\_\_\_\_ Storage Height: \_\_\_\_\_ feet  
In Rack Sprinklers: \_\_\_\_\_
9. Applicable NFPA Standards:  
NFPA 13: \_\_\_\_\_ NFPA 13R: \_\_\_\_\_ NFPA 13D: \_\_\_\_\_ NFPA 231: \_\_\_\_\_ NFPA 231C: \_\_\_\_\_ Other: \_\_\_\_\_
10. Type of System:  
Wet: \_\_\_\_\_ Dry: \_\_\_\_\_ Pre-action: \_\_\_\_\_ Combined Dry/Pre-action: \_\_\_\_\_ Other: \_\_\_\_\_

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FIRE PROTECTION SYSTEM – PLAN REVIEW WORKSHEET

**HAZARD CLASSIFICATION (continued)**

11. System Configuration: Tree: \_\_\_\_ Looped Mains: \_\_\_\_ Grid: \_\_\_\_

12. System Area Limitations:

Light & Ordinary Hazard (52,000 sq. ft. max.) \_\_\_\_\_

Warehouse - General & Rack Storage over 12 ft.(40,000 sq ft max.) \_\_\_\_\_

Extra Hazard (calculated) (40,000 sq. ft. max.) \_\_\_\_\_

Extra Hazard (non-calculated) (25,000 sq. ft. max.) \_\_\_\_\_

Dry System Capacity: \_\_\_\_\_ Gallons Antifreeze System : \_\_\_\_\_ Gallons

**SPRINKLER SPACING AND INFORMATION**

1. Actual Head Spacing on Drawing: \_\_\_\_\_

Light Hazard: \_\_\_\_\_ Coverage of \_\_\_\_\_ sq. ft. per head

Ordinary Hazard: \_\_\_\_\_ Coverage of \_\_\_\_\_ sq. ft. per head

High Piled Storage with Density Below 0.25

(Maximum 130 sq. ft.) \_\_\_\_\_ Coverage of \_\_\_\_\_ sq. ft. per head

High Piled Storage with Density Over 0.25

(Maximum 100 sq. ft.) \_\_\_\_\_ Coverage of \_\_\_\_\_ sq. ft. per head

ESFR Sprinkler Heads (Maximum 100 sq. ft. ): \_\_\_\_\_ Coverage of \_\_\_\_\_ sq. ft. per head

Large Drop Sprinkler: \_\_\_\_\_ Coverage of \_\_\_\_\_ sq. ft. per head

Extended Coverage Upright or Pendant: \_\_\_\_\_ Coverage of \_\_\_\_\_ sq. ft. per head

Sidewall Heads (Table 4-4.2.1 of NFPA 13): \_\_\_\_\_ Coverage of \_\_\_\_\_ sq. ft. per head

Extended Coverage Heads: \_\_\_\_\_ Coverage of \_\_\_\_\_ sq. ft. per head

Small Room Rule Properly Applied (NFPA 13 A-4-4.1.2.1 Exception): \_\_\_\_\_

Coverage of \_\_\_\_\_ sq. ft. per head

Other: \_\_\_\_\_ Coverage of \_\_\_\_\_ sq. ft. per head

2. Deflector Distance Below Roof or Ceiling (Refer to listing or manufacturer’s data sheets for Extended coverage and Special Sprinklers, i.e. ESFR, Large Drop Sprinkler Heads):

Unobstructed Construction: \_\_\_\_\_

Spray Heads 1” to 12” (An exception may apply) \_\_\_\_\_

Sidewall Heads 4” to 6” (An exception may apply) \_\_\_\_\_

Obstructed Construction: \_\_\_\_\_

Spray Heads 1” to 6” under structural members (Maximum of 22” below ceiling/roof deck): \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_

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**CONTRACTOR LIST**

Cottage Grove City Code Title 3-9-2 requires that contractors and certain subcontractors performing work must be licensed. Please provide the names, etc. of contractors/persons who will be performing work related to your project and return this list to the Building Division prior to job commencing. License applications are available from the Building Division. Licenses must be current when work commences.

**JOB ADDRESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

GENERAL:

EXCAVATING:

CONCRETE/MASONRY:

SEWER/WATER:

MECHANICAL:

PLUMBING:

OTHER:

(Use additional sheets as necessary for specialty contractors)