



Mobile County Inspection Services

Commercial Projects Building Code Summary

Please include this form along with the required life safety plan for all commercial projects submitted for review under the 2018 IBC. Updated: January 2020.

GENERAL INFORMATION

Name of Project: _____
Project Address: _____
Proposed Use: _____
Owner or Authorized Agent: _____
Phone: _____ Fax: _____ email: _____
Contractor: _____
Address: _____
Phone: _____ Fax: _____ email: _____
State License Number: _____

DESIGN PROFESSIONALS: Please note the Design Professional in responsible charge as per 107.3.4 below:

Architectural: _____ email: _____
Structural: _____ email: _____
Electrical: _____ email: _____
Fire Alarm: _____ email: _____
Plumbing: _____ email: _____
Mechanical: _____ email: _____
Sprinkler-Standpipe: _____ email: _____
Civil: _____ email: _____

Design Professional in responsible charge: _____

NAME _____ SIGNATURE _____

SPECIAL INSPECTIONS:

A Statement of Special Inspections is required per IBC Section 1704.3 and Section 1704.5 as a condition of permit issuance. The schedule shall include all materials and work needing special inspections, the inspections to be performed and the names of individuals, approved agencies and firms conducting such inspections. If not provided, explain: _____

GENERAL CODE DATA:

Codes used in the project design (please check all that apply):
_____ 2018 International Building Code _____ 2017 National Electrical Code
_____ 2018 International Mechanical Code _____ 2018 International Plumbing Code
_____ 2018 International Fire Code _____ 2015 International Energy Conservation Code
_____ 2018 International Existing Building Code _____ 2013 Mobile County Coastal Construction Supplement

GENERAL BUILDING INFORMATION

Construction Description

____ New Construction; ____ Renovation (Existing Bldg.); ____ Tenant Build-out
____ Alteration; ____ Addition; ____ Unoccupied Building

Scope of Work:

BUILDING: _____

MECHANICAL: _____

ELECTRICAL: _____

PLUMBING: _____

Exterior wall materials and installation details must comply with sections 1404 & 1405.

Please list the sections that apply to the project: _____

Existing Buildings and Renovations:

The building will remain in operation during construction: ____ Yes; ____ No
If yes, add provisions for rigid safety barriers and dust barriers to protect the public during construction in accordance with the applicable provisions of IBC Chapter 33.
Is the work in this building or space a change of occupancy? ____ Yes; ____ No
Provide evaluation of compliance alternatives if required.

Consistency of documentation

Verify all sections and details shown are referenced correctly to the construction documents.
Require all Manufacturer’s recommendations be followed and available on jobsite.
Delete any notes, details, references and specifications that are not applicable to project.

BUILDING DATA

Construction Type: ____ IA; ____ IB; ____ IIA; ____ IIB; ____ IIIA; ____ IIIB; ____ IV; ____ VA; ____ VB
Mixed construction: ____ Yes; ____ No; Construction Types: _____
Sprinklers: ____ Yes; ____ No; ____ Partial **System Type:** ____ 13; ____ 13R; ____ 13D
Standpipes: ____ Yes; ____ No; ____ Wet; ____ Dry; ____ Class; ____ Combined
Building Height: ____ Feet; Number of Stories: ____ Height Increase (504): _____
Mezzanine: ____ Yes; ____ No **High Rise:** ____ Yes; ____ No
Atrium: ____ Yes; ____ No **Basement:** ____ Yes; ____ No

BUILDING OCCUPANCY CLASSIFICATION

3 of 7

High hazard: No substances listed in Section 307 are to be stored in the building except as noted:

Hazardous substances: _____

With provisions made per Code Section: _____

Mixed Occupancy _____ Yes; _____ No; Separation Required: _____ Hours.

Please identify any exceptions which you are using: _____

Incidental Use Areas (508.2) _____ Yes; _____ No

Non-Separated Mixed Occupancy (508.3.): _____ Yes; _____ No

The required type of construction for the building shall be determined by applying the most restrictive height and area limitations for the applicable occupancies to the entire building.

Separated Mixed Occupancy (508.4): _____ Yes; _____ No

Each part of the building must be individually classified as to use and be separated from adjacent uses by fire barrier walls and /or horizontal assemblies per Table 508.4. The sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1.

Incidental Use Areas (Table 509) _____ Yes; _____ No

ALLOWABLE AREA AND HEIGHT (Table 503)

Allowable Area

Allowable area per floor: _____ Sq. Ft. / floor

Actual area per floor: _____ Sq. Ft. / 1st floor

_____ Sq. Ft. / 2nd floor

Attach area calculations and note exceptions per Section 506 & for unlimited areas in Section 507.

Allowable Height

Allowable height: _____ Feet

Actual building height: _____ Feet

Allowable number of stories: _____ Stories

Actual number of stories: _____ Stories

BUILDING USE AND OCCUPANT LOAD

Include occupant load calculations for institutional, assembly, educational, multistory projects, large complex projects, and mixed occupancies.

Please note the use, area and occupant load of each area on the Life Safety Plan.

Occupant Load Signage in Assembly per 1004.9: _____ YES; _____ NO

FIRE PROTECTION REQUIREMENTS (Table 601)

Building Element:	Required Rating	Assembly Reference*
Structural frame(columns, girders, trusses):	_____	_____
Bearing Walls: Exterior:	_____	_____
Interior:	_____	_____
Non-bearing walls: Exterior:	_____	_____
Interior:	_____	_____
Floor Construction (Incl. beams and joists):	_____	_____
Roof construction (Incl. beams and joists):	_____	_____

Other Rated Elements (Reference the notes below)

Element	Required Rating	Assembly Reference*
Interior Walls: Bearing:	_____	_____
Non-bearing:	_____	_____
Ceiling-Floors:	_____	_____
Beams:.	_____	_____
Columns:	_____	_____
Ceiling-Roofs:	_____	_____
Shafts-Exit:	_____	_____
Shafts-Other:	_____	_____
Corridor Separation:	_____	_____
Occupancy Separation:	_____	_____
Party Wall or Fire Wall Separation:	_____	_____
Smoke Barrier Separation:	_____	_____
Tenant Separations:	_____	_____
Opening Protection for Rated Doors:	_____	_____

Notes:

- 1. All fire rated walls shall be identified on plans by line type, hatching, etc.; show legend.
- 2. Identify code section when using any special exceptions, etc.
- * Reproduce full UL or other approved agencies details and specifications for rated assemblies/penetrations on drawings.(Statement of required conformity insufficient)

Draftstopping

Draftstopping in floor ____ Yes ____ No Draftstopping in attic ____ Yes ____ No

Distance to Property Line from Exterior Wall (Table 602)

(Site Plan and Life Safety Plan must illustrate this information)

Fire Separation Distance: North Wall: ____ Ft.; South Wall: ____ Ft.; East Wall: ____ Ft.; West Wall: ____ Ft.

Fire Resistance Rating: North Wall: ____ Hrs.; South Wall: ____ Hrs.; East Wall: ____ Hrs.; West Wall: ____ Hrs.

Life Safety Systems in Code Compliance:

1008 Emergency Lighting: ____ Yes; ____ No; Exceptions: _____

1013 Exit Signs: ____ Yes; ____ No; Exceptions: _____

907 Fire Alarm: ____ Yes; ____ No; Exceptions: _____

1010.1.9 Door Operations: ____ Yes; ____ No

1010.1.9.5 Bolt Locks: ____ Yes; ____ No

1010.1.10 Panic Hardware: ____ Yes; ____ No; Exceptions: _____

Smoke Detection Systems: ____ Yes; ____ No; Exceptions: _____

EXIT REQUIREMENTS

Exit Access (1016 - 1021)

Number of exits required: _____ Number of exits furnished: _____

Means of egress width

Units of Exit required: _____ inches Units of Exit width provided: _____ inches

Stair width units required: _____ inches Stair width units provided: _____ inches

Diagonal Rule:

Design complies with section 1017: ____ Yes ____ No

Travel Distance (Table 1017.2)

Allowable Travel Distance: _____ Ft. Actual Travel Distance (Maximum): _____ Ft.

Spaces with one means of egress (Table 1006.2.1)

For buildings with one means of egress, I have checked the occupant load and the common path of travel against the requirements of section 1006: ___ Yes ___ No

LIFE SAFETY PLAN

Provide a Life Safety Plan for all commercial projects. At a minimum, the Life Safety Plan should illustrate the occupant loads for all areas, exit locations, exit access, exit capacity, maximum travel distance, exit lights, emergency lights, fire extinguishers, fire rated assemblies, assembly area seating layout and exit discharge.

Second emergency escape required for Residential & Institutional-1 occupancies provided per 1026.

ACCESSIBILITY Chapter 11

Design conforms to ICC/ANSI A117.1-2009: _____ YES _____ NO, Exception: _____
(Restroom plans and elevations shall be provided at a minimum 3/16" =1'-0" scale)

An accessible route is provided throughout this building per 1104 except as noted:

Is an Accessible Entrances provided per 1005: _____ YES _____ NO, Exception: _____

STRUCTURAL DESIGN PARAMETERS

Classification of Building Category/Use Group _____ (I, II, III, IV)

Roof Live Load: _____ PSF Attic Load: _____ PSF

Mezzanine Load: _____ PSF Floor Load: _____ PSF

Building Exposure: _____ Wind speed _____ MPH (ASCE 7-10)

Importance Factor: _____

Load combinations considered as per 1605 ___ YES ___ NO

Building will be designed as: _____ An Enclosed building _____ An Unenclosed Building

Method of Debris Protection to glazed openings per 1609.2: _____

Assumed soil bearing _____ pounds / sq. ft.; Soils Report ___ Yes ___ No.

Provide a Components and Cladding pressure diagram on the construction documents.

SPECIAL DETAILED REQUIREMENTS

The Design Professional shall comply with any special detailed requirements based on use and occupancy. Please indicate all conditions that apply:

- | | |
|--|--|
| <input type="checkbox"/> 402 Covered Mall building | <input type="checkbox"/> 403 High rise buildings |
| <input type="checkbox"/> 404 Atriums | <input type="checkbox"/> 405 Under Ground buildings |
| <input type="checkbox"/> 406 Motor-vehicle Related Occupancies | <input type="checkbox"/> 407 Group I-2 |
| <input type="checkbox"/> 408 Group I-3 | <input type="checkbox"/> 409 Motion Picture Projection Rooms |
| <input type="checkbox"/> 410 Stages & Platforms, etc. | <input type="checkbox"/> 411 Special Amusement Buildings |
| <input type="checkbox"/> 412 Aircraft Related Occupancies | <input type="checkbox"/> 413 Combustible Storage |
| <input type="checkbox"/> 414 Hazardous Materials | <input type="checkbox"/> 415 Hazardous Occupancy Groups |

- 416 Application of Flammable Finishes 417 Drying Rooms
- 418 Organic Coatings. 419 Live / Work Units
- 420 Groups I-1, R-1, R-2, R-3 421 Hydrogen Cutoff Rooms
- 422 Ambulatory Care Facilities 423 Storm Shelters
- 424 Children’s Play Structures

CONTRACTOR REQUIREMENTS

The design professional will notify the Contractor of his responsibility under Section 1704.4. The contractor shall submit a written statement of responsibility to the Inspection Department and the Owner prior to commencement of the work stating that they are aware of their responsibility contained in the Statement of Special Inspections:
 Contractor’s Signature at time of permitting: _____

SAFETY GLAZING FOR HAZARDOUS LOCATIONS

The required locations of tempered safety glass shall be identified on the construction documents as per SECTION 2406 SAFETY GLAZING.
 Safety glass locations noted: YES NO, Exception No. _____

PRE-ENGINEERED BUILDINGS AND TRUSSES

Complete structural packages must be submitted prior to obtaining the building permit. The submittals must be signed and sealed by an engineer registered in the State of Alabama.

FIRE DEPARTMENT REQUIREMENTS

The design professional shall provide the required water supply for the building. Please initial the method used for determining the required water supply as noted below:
 Required water supply _____ GPM @ _____ PSI _____ Method Used
 The Insurance Service Office (ISO) Method; Iowa State University (ISU) Method; Illinois Institute of Technology (IIT) Method), or the International Fire Code (IFC).

PLUMBING FIXTURES

Provide a table on the construction documents showing the number of required fixtures and the number of fixtures provided per Table 2902.1 – MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES. The plumbing drawings must be submitted and approved by the Mobile County Health Department will release the plumbing permit.
 Separate facilities provided as per 2902.2: YES NO, Exception No. _____

ENERGENCY COMPLIANCE

The contract documents must illustrate compliance with the 2015 International Energy Conservation Code. The contractor may submit a certificate of compliance as per the IECC Section R403.1.1.

MECHANICAL REQUIREMENTS

Compliance with the 2018 International Mechanical Code is required.

Provide a complete mechanical scope-of-work and ventilation calculations.

The following items should be identified and located on plans:

All new and existing supply and return air ductwork.

All new and existing equipment together with equipment schedules.

Rated partition and floor/ ceiling assembly locations and information.

Clothes dryer vent routing and make-up air information.

Condensate drain routing, draining to storm, drywell or landscaped area.

All fire and smoke damper and detector locations and installation information.

Bathroom exhaust fans, duct routing and CFM information.

If plumbing or mechanical equipment is installed above ceiling or in attic spaces, a fixed ladder or commercial grade 300 lb. capacity disappearing stairway shall be required

The following details should be provided:

Tie-down details for all equipment exposed to the high wind loads.

Kitchen equipment layout and exhaust hood anchor details

UL information for kitchen hoods, grease exhaust and paint spray booths.

Paint spray booth exhaust, make up air and sequence of operations.

The following must be signed and sealed by an engineer:

Mechanical plans for buildings of more than 2500 s.f.

All Type 1 (Grease) exhaust hood documents

ELECTRICAL REQUIREMENTS

Compliance with the 2017 National Electrical Code is required.

The following items should be identified and located on plans:

Electrical service, and All electrical panels,

All appliances and equipment.

All Luminaries and outlets (including those for HVAC).

All equipment disconnecting means, together with sizes and ratings.

Electrical Equipment should be specified with:

Equipment working space and clearances shown.

Labelling by a recognized electrical testing laboratory.

Electrical panel schedules should show:

All loads, voltages, phases, and bus sizes in amperes.

Panels should be balanced and shown in the circuit directory

Calculations for each panel for service, feeder and branch circuits.

All branch circuit conductors and conduit sizes.

AMENDMENTS

Prior to submitting the construction documents for review and permitting, the Design Professional should contact the Mobile County Inspection Department to obtain a copy of the most current amendments adopted by the Mobile County Commission.