# 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. Forms are available on the SAC website: www.metrocouncil.org/SACforms. Please forward questions to 651-602-1770

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. 2015 MN Energy Code Section C4.2.e

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:** 2015 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 |
| Ryan Burfeind, Assistant City Engineer | 651-458-2899 |
| Planning Division | 651-458-2827 |
| Building/Inspections Division | 651-458-2804 |

City of Cottage Grove
Building Division **Commercial Permit Fee Calculation Worksheet**

City of Cottage Grove
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

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:**

| | | |
|---|---|---|
| ☐ Building permit | | $ - |
| ☐ Plan review | | $ - |
| ☐ State Surcharge | | $ - |
| ☐ Office fee | | $ - |
| | Subtotal: | $ - |

| | | | |
|---|---|---|---|
| ☐ Water meter/domestic: | Size: | " | $ - |
| ☐ Water meter/irrigation: | Size: | " | $ - |
| ☐ Sales tax 7.125 x meter(s) cost: | | | $ - |
| | | Subtotal: | $ - |

**Mechanical Permits:**
(Project cost x 4% + surcharge @ Project cost x .0005)

| | |
|---|---|
| ☐ Plumbing permit - service facilities: | $ - |
| ☐ Sewer/water connect permit: | $ - |
| ☐ HVAC permit: | $ - |

| **Development Charges:** | | **$ Rate** | |
|---|---|---|---|
| ☐ MCES SAC units: | _____ @ | | $ - |
| ☐ Waterworks area per/acre: | | | $ - |
| ☐ Sanitary Sewer area per/acre: | | | $ - |
| ☐ Storm Sewer area per/acre: | | | $ - |
| ☐ Water connect per/acre: | | | $ - |
| ☐ Sanitary Sewer connect per/acre: | | | $ - |
| ☐ Park Dedication fee: | | | $ - |
| ☐ Grading. *Value* $ | *cu/yds:* | | $ |
| ☐ Signage permit. | *value:* | | $ |

☐ Other: (TBD per project scope)

☐ Contractor(s) License required: **Local** **State**

**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/email– 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<br>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** 326.12 Subdivision 3 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 Have any hazardous material control areas been identified? | Yes____ No_____ Reference_____ |
| **IBC** 508.3 or 508.4 Have buildings with mixed occupancies been designed as per the separated or non-separated use provisions? | Separated____ Non-separated ____ |
| **IBC** 508.4 (Table) Ratings and location of occupancy separations | Rating_____ Reference _____ |
| **IBC** Chapter 5. Total Allowable Floor Area. Table 503 | Please complete Attachment B. |
| **IBC** Chapter 5. Height of building and number of stories? Table 503 | 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_____ |

City of Cottage Grove
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

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|---|---|
| **IBC** 703. Are documentation and details provided in plans/specs for all fire stop materials? | Yes____ No____ Reference_____ |
| **IBC** 705. Do the exterior walls comply with section 705? | Yes____ No____ Reference_____ |
| **IBC** 706 & 707 Are fire walls and/or fire barriers identified and detailed on architectural drawings? | Yes____ No____ Reference_____ |
| **IBC** 705.8. Are openings in a fire wall protected? | Yes____ No____ Reference_____ |
| **IBC** 713. Is every opening into a shaft enclosure protected by a self-closing fire assembly and provided with proper fire protection? | Yes____ No____ Reference_____ |
| **IBC** 708. Have fire partitions been identified? | Yes____ No____ Reference_____ |
| **IBC** 709 & 710. Have smoke barriers or smoke partitions been identified? | Yes____ No____ Reference_____ |
| **IBC** 714, 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_____ |
| **IBC** 706.2, 707.3, 708.3 & 711.3. Are fire-resistance-rated assemblies and structural members provided with the proper protection? | Yes____ No____ Reference_____ |
| **IBC** 716. Are openings protected as required by IBC Table 716.5? | Yes____ No____ Reference_____ |
| **IBC** 716 Have all openings within rated walls been protected? | Yes____ No____ Reference_____ |
| **IBC** 716 Are fire-rated assemblies identified with a permanent label? | Yes____ No____ Reference_____ |
| **IBC** 716.6 Has a fire protection rating been identified for the glazing within fire-rated assemblies? | Yes____ No____ Reference_____ |
| **IBC** 717 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_____ |
| **IBC** 718 Is fire blocking provided? | Yes____ No____ Reference_____ |
| **IBC** 718 Are draft stops installed? | Yes____ No____ Reference_____ |
| **IBC** Section 803 Do the interior finish materials comply with Table 803.9 | Yes____ No____ Reference_____ |
| **IBC** 903.2 Are fire sprinklers installed? NFPA 13, NFPA 13R, NFPA 13D (Please specify) | Yes____ No____ Reference_____ |
| **IBC** 903.2.7.1 Have any high-piled storage areas been identified for this project? | Yes____ No____ Reference_____ |
| **IBC** 904.3.5 Are all valves controlling the water supply for the automatic sprinkler system and water flow switches electrically supervised? | Yes____ No____ Reference_____ |
| **IBC** 904.3.4 Has a sprinkler water-flow alarm been installed on the exterior of the building in an approved location? | Yes____ No____ Reference_____ |
| **IBC** 905.1 Are standpipes provided? | Yes____ No____ Reference_____ |
| **IBC** 906.1 & **IFC** 906.3(1) Table. Have fire extinguishers been identified and spaced at a maximum travel distance of 75 feet? | Yes____ No____ Reference_____ |
| **IBC** 907. Has a fire alarm or detection system been designed and installed for this facility? | Yes____ No____ Reference_____ |
| **IBC** 909 Has a mechanical or passive smoke control system been installed? | Yes____ No____ Reference_____ |

City of Cottage Grove
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

| INFORMATION REQUESTED<br>Use separate sheets as necessary | PROVIDE SPECIFICATION SECTION NUMBER AND/OR PLAN DETAIL NUMBER IN RESPONSE TO THE INFORMATION REQUESTED |
|---|---|
| **IBC** 910.1 Are smoke and heat vents installed? | Yes____ No____ Reference_____ |
| **IBC** 1004.1Total 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 1005.1Has the minimum width of egress aisles been calculated as required? | Yes____ No____ Reference_____ |
| **IBC** 1006.3.1 Are the paths of exit travel including exterior discharge illuminated upon the loss of primary power? | Yes____ No____ Reference_____ |
| **IBC** 1007.10 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** 1008.1.9.3 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 Section 1005.1? | Yes____ No____ Reference_____ |
| **IBC** 1009.16.1 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 1016.2? | Number of feet_____ |
| **IBC** 1018 Have the corridors been constructed with a fire rating in accordance with table 1018.1? | Rating_____ Reference_____ |
| **IBC** 1018.2 What is the corridor width? | Width _____ Reference_____ |
| **IBC** 1018.4 Do any dead end hallways or corridors exceed 20 feet in length? | Yes____ No____ Reference_____ |
| **IBC** 1022.8 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_____ |

City of Cottage Grove
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

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|---|---|
| **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_____ |
| **IBC** 1015 Number of exits? | _____ |
| **IBC** 1210.2 Do toilet, shower, and bathing room floors have a smooth, hard, nonabsorbent surface that extends upward onto the walls at least four inches? | Yes____ No____ Reference_____ |
| **IBC** 1503.4 Are roof drains and secondary drains designed to prevent the ponding of water on the roof? | Yes____ No____ Reference_____ |
| **SBC** 1303.1700 Has the ground snow load of 50lbs/square foot been used for building and structure design? | Yes____ No____ Reference_____ |
| **IBC** 1809.5 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** 1805 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 & 2305.2 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_____ |

City of Cottage Grove
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

| INFORMATION REQUESTED<br>Use separate sheets as necessary | PROVIDE SPECIFICATION SECTION NUMBER AND/OR PLAN DETAIL NUMBER IN RESPONSE TO THE INFORMATION REQUESTED |
|---|---|
| **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 Figure 404.2.3.2? | 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 602.4 Does at least one water fountain have a spout height within 36 inches of the floor with accessible operable controls? Figure 602.5 | Yes____ No____ Reference_____ |
| **ICC A117.1** sec 604.11 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** 703.1 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
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

| INFORMATION REQUESTED<br>Use separate sheets as necessary | PROVIDE SPECIFICATION SECTION NUMBER AND/OR PLAN DETAIL NUMBER IN RESPONSE TO THE INFORMATION REQUESTED |
|---|---|
| **MPC** 1014, 1016, 1015 Have grease, sand or oil separators been identified? | Yes____ No____ Reference_____ |
| **MPC** 704.3 **Have** all commercial kitchens been provided with NSF prep and cleaning fixtures connected directly to the drainage system? | Yes____ No____ Reference_____ |
| **MPC** 602.2 Has the potable water system been designed to prevent contaminations from all non-potable elements? | Yes____ No____ Reference_____ |
| **SPC** Table 702.1 Does the service sink have at least a 2" drain? | Yes____ No____ Reference_____ |
| Does this project require State or County health review? | 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 Conversation 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** 403.7 Assure that the HVAC system has been balanced and balance report submitted to the City Building Official | Yes____ No____ Reference_____ |
| **IMC** 501.3 **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_____ |

City of Cottage Grove
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

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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 installed after 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_____ |
| Will this project be provided with Irrigation? | Yes____ No____ Reference_____ |
| **MN Statute 299F.51** Has this building been designed to accommodate Carbon Monoxide Detection? | Yes____ No____ Reference_____ |
| **MN Statute 299F.362** Has this building been designed to accommodate smoke 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) 284-5071 for all elevator information, plan reviews, and inspections.

**TOTAL ALLOWABLE FLOOR AREA.** IBC Chapter 5, Sections 506 & 507, Table 503

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

**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)

| Room Name | Room Number | Area (S.F.) | Occupant Load Factor | Occupant Load |
|---|---|---|---|---|

City of Cottage Grove
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

## **PLUMBING FIXTURES REQUIRED.** IBC Chapter 29. (Attach separate sheets as necessary)

Required Number of Plumbing Fixtures. Show calculations.

PART 1

| Room Name | Room No. | Area (S.F.) | Occupant Load Factor | Occupant Load |
|---|---|---|---|---|
| | | | | |

PART 2

Total Occupant Load:_____ (Per Part I)

| Fixtures | Ratio | Total Installed | Total Handicap Equipped |
|---|---|---|---|
| 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 | | |

City of Cottage Grove
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

## 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 | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

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*

(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 2015 MN Building Code 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 _____

City of Cottage Grove
COMMERCIAL PLAN REVIEW FOR CODE COMPLIANCE

## 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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**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: _____

_____

**Attachment G**

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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** _____ D**ATE**_____

GENERAL:

EXCAVATING:

CONCRETE/MASONRY:

SEWER/WATER:

MECHANICAL:

PLUMBING:

OTHER:

(Use additional sheets as necessary for specialty contractors)