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](http://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:

- 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: value: $ -
- Signage permit: $ -
- 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
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)

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 attachment A
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 326.12 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:

Energy calculations provided?

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

Please complete Attachment B.

IBC Chapter 5. Total Allowable Floor Area. Table 503

Height: __________________ Stories: _______________________

IBC Chapter 5. Height of building and number of stories? Table 503

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__________________________
INFORMATION REQUESTED
Use separate sheets as necessary

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

**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.** 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 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____________________________
INFORMATION REQUESTED
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?

IBC 1004.1 Total Occupant Load.

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?

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

IBC 1006.3.1 Are the paths of exit travel including exterior discharge illuminated upon the loss of primary power?

IBC 1007.10 Have accessible means of egress been identified?

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

IBC 1008.1.2 Do egress doors swing in direction of travel?

IBC 1008.1.9.3 Identify lock or latch type at all doors.

IBC 1008.1.9 Is panic hardware to be installed?

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

IBC 1009.16.1 Is roof access provided?

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

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?

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

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

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

IBC 1016 Has the exit access travel distance been calculated in accordance with table 1016.2?

IBC 1018 Have the corridors been constructed with a fire rating in accordance with table 1018.1?

IBC 1018.2 What is the corridor width?

IBC 1018.4 Do any dead end hallways or corridors exceed 20 feet in length?

IBC 1022.8 Is an approved barrier provided at stairs to prevent persons from unintentionally continuing into the levels below?

IBC 1203.2 What is ratio of attic ventilation?

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

IBC 1209 Has access been provided to all unoccupied spaces?
INFORMATION REQUESTED
Use separate sheets as necessary

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-resistant 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.

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_____________________________
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_____________________________
INFORMATION REQUESTED
Use separate sheets as necessary

MPC 1014, 1016, 1015 Have grease, sand or oil separators been identified?

MPC 704.3 Have all commercial kitchens been provided with NSF prep and cleaning fixtures connected directly to the drainage system?

MPC 602.2 Has the potable water system been designed to prevent contaminations from all non-potable elements?

SPC Table 702.1 Does the service sink have at least a 2" drain?

Does this project require State or County health review?

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?

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

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

IMC 403.7 Assure that the HVAC system has been balanced and balance report submitted to the City Building Official

IMC 501.3 Have all exhaust duct termination points been identified to assure compliance with the State minimum exhaust termination requirements?

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

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

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.

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

MFC Minnesota Fire Code

MFC 503 Has a fire apparatus access road been provided?

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

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

MFC 906 Are portable fire extinguishers installed?

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

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?

MFC 2301.4 If high piled storage areas have been identified, an evacuation plan shall be submitted to the City Fire Marshal.
INFORMATION REQUESTED
Use separate sheets as necessary

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

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

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

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

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

Will this project be provided with Irrigation?

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

MN Statute 299F.362 Has this building been designed to accommodate smoke detection?

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)

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Number</th>
<th>Area (S.F.)</th>
<th>Occupant Load Factor</th>
<th>Occupant Load</th>
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<tbody>
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</table>
PLUMBING FIXTURES REQUIRED. IBC Chapter 29. (Attach separate sheets as necessary)

Required Number of Plumbing Fixtures. Show calculations.

PART 1

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room No.</th>
<th>Area (S.F.)</th>
<th>Occupant Load Factor</th>
<th>Occupant Load</th>
</tr>
</thead>
</table>

PART 2

Total Occupant Load: ________ (Per Part I)

<table>
<thead>
<tr>
<th>Fixtures</th>
<th>Ratio</th>
<th>Total Installed</th>
<th>Total Handicap Equipped</th>
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</thead>
<tbody>
<tr>
<td>Water Closets</td>
<td>1 per ___ occupants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinals</td>
<td>1 per ___ occupants</td>
<td></td>
<td></td>
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<tr>
<td>Lavatories</td>
<td>1 per ___ occupants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking Fountains</td>
<td>1 per ___ occupants</td>
<td></td>
<td></td>
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<tr>
<td>Bathtubs or Showers</td>
<td>1 per ___ occupants</td>
<td></td>
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</tr>
<tr>
<td>Kitchen Sinks</td>
<td>1 per ___ occupants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Sinks</td>
<td>1 per ___ floor</td>
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Special Structural Testing and Inspection Program Summary Schedule

<table>
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<td>Section</td>
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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.
(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:

<table>
<thead>
<tr>
<th>Owner</th>
<th>Firm</th>
<th>Date</th>
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<tr>
<td>Contractor</td>
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<tr>
<td>Architect</td>
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</tr>
<tr>
<td>F</td>
<td>Firm</td>
<td>Date</td>
</tr>
</tbody>
</table>

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: ___
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: ___________________________________________________________________________________________
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)