



# City of Council Bluffs

Building Division  
209 Pearl Street  
(712) 890-5284

Date \_\_\_\_\_

## PLAN REVIEW FORM

- 2015 International Building Code
- 2021 Uniform Plumbing Code
- 2021 International Mechanical Code
- 2015 International Fuel Gas Code
- 2015 International Fire Code
- 2012 International Energy Code
- 2009 Life Safety Code
- 2017 National Electrical Code

Design Professional Stamp

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

**Project Information:**

**Registered Design Professional in Charge of Project:**

Estimated Cost of Project: \_\_\_\_\_

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

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

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Structural Engineer: \_\_\_\_\_

Geo-Tech Engineer: \_\_\_\_\_

Mechanical Engineer: \_\_\_\_\_

Electrical Engineer: \_\_\_\_\_

Civil Engineer: \_\_\_\_\_

Architect: \_\_\_\_\_

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

**PLAN REVIEW FORM 2015 INTERNATIONAL BUILDING CODE**

**1. Construction Type, Use, Height and Area**

Type of Construction \_\_\_\_\_ (IBC Chapter 6)

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

Number of Stories \_\_\_\_\_ (IBC Chapter 5)

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

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

**For building additions, list the square footage of the existing building \_\_\_\_\_**

Sprinkler System: Required? \_\_\_\_\_ Provided? \_\_\_\_\_ (IBC Chapter 9)

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

**2. Occupant Load (IBC 1004)**

**3. Live Loads (IBC Chapter 16)**

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

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

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

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

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

(a) Exterior Bearing Walls ..... Required: \_\_\_\_\_ Hr. Provided: \_\_\_\_\_ Hr.

(b) Interior Bearing Walls ..... Required: \_\_\_\_\_ Hr. Provided: \_\_\_\_\_ Hr.

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

(d) Structural Frame ..... Required: \_\_\_\_\_ Hr. Provided: \_\_\_\_\_ Hr.

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

(f) Shaft Enclosures ..... Required: \_\_\_\_\_ Hr. Provided: \_\_\_\_\_ Hr.

(g) Floors .....Required: \_\_\_\_\_ Hr. Provided: \_\_\_\_\_ Hr.

(h) Roofs .....Required: \_\_\_\_\_ Hr. Provided: \_\_\_\_\_ Hr.

(i) Roofing Material Class.....Required: \_\_\_\_\_ Hr. Provided: \_\_\_\_\_ Hr.

(j) Openings in Exterior Walls .....Required: \_\_\_\_\_ Hr. Provided: \_\_\_\_\_ Hr.

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

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

**5. Means of Egress (IBC Chapter 10)**

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

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

(b) Number of Exits Total Building ..... Required: \_\_\_\_\_ Provided: \_\_\_\_\_

(c) Exit Width to Exterior ..... Required: \_\_\_\_\_ Provided: \_\_\_\_\_

(d) Maximum Distance to an Exit ..... Required: \_\_\_\_\_ Provided: \_\_\_\_\_

(e) Corridor Width .....Required: \_\_\_ Ft. \_\_\_ In\_\_\_ Provided: \_\_\_ Ft\_\_\_ In\_\_\_

(f) Corridor Protection Required ..... Required: Yes \_\_\_ No\_\_\_ Fire Rating Provided:\_\_\_ Hr

**6. Energy Compliance (International Energy Conservation Code)**

This building complies with IECC Chapter 5, Commercial Energy Efficiency

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

\*Method used: \_\_\_\_\_

Analysis performed by: Architect \_\_\_\_\_ Engineer \_\_\_\_\_ Registration No. \_\_\_\_\_

Name: \_\_\_\_\_ Firm \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

**7. Special Inspections (IBC Sec. 1704)**

Are Special Inspections required for this project?  Yes  No

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

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

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

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

Special Inspection Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone \_\_\_\_\_

**8. Maximum Allowable Area** (Please show entire calculation)

- (a) Basic allowable area (Table 503) \_\_\_\_\_
- (b) Increase for frontage (506.2) \_\_\_\_\_
- (c) Increase for sprinklers (506.3) \_\_\_\_\_
- (d) Maximum allowed area per story \_\_\_\_\_
- (e) Total allowable building area \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Mixed Uses** (IBC Sec.508)

(a) Incidental Use Area(s):

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

(b) Accessory Use Area(s):

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

(c) Non-separated uses:

List the use with most restrictive height and area limitations: \_\_\_\_\_

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

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

Between Group: \_\_\_\_\_ and Group: \_\_\_\_\_ Separation Provided: \_\_\_\_\_ Hr.  
Sprinkler reduction applied? \_\_\_ Yes \_\_\_ No  
Identify other reductions & code section applied: \_\_\_\_\_

Between Group: \_\_\_\_\_ and Group: \_\_\_\_\_ Separation Provided: \_\_\_\_\_ Hr.  
Sprinkler reduction applied? \_\_\_ Yes \_\_\_ No  
Identify other reductions & code section applied: \_\_\_\_\_

Between Group: \_\_\_\_\_ and Group: \_\_\_\_\_ Separation Provided: \_\_\_\_\_ Hr.

Sprinkler reduction applied? \_\_\_\_ Yes \_\_\_\_ No

Identify other reductions & code section applied: \_\_\_\_\_

Between Group: \_\_\_\_\_ and Group: \_\_\_\_\_ Separation Provided: \_\_\_\_\_ Hr.

Sprinkler reduction applied? \_\_\_\_ Yes \_\_\_\_ No

Identify other reductions & code section applied: \_\_\_\_\_

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

The sum of the ratios is as follows:

Group \_\_\_\_\_ Group \_\_\_\_\_ Group \_\_\_\_\_ Group \_\_\_\_\_

Actual area = \_\_\_\_\_ Actual area = \_\_\_\_\_ Actual area = \_\_\_\_\_ Actual area = \_\_\_\_\_  
Allowed area                  Allowed area                  Allowed area                  Allowed area

Sum of ratios \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

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

**10. Zoning:** District \_\_\_\_\_

Use \_\_\_\_\_

Check all that apply:

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

Supplemental Use: \_\_\_\_\_

Development Regulations:

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

g. Height \_\_\_\_\_

h. Building cover \_\_\_\_\_

i. Impervious cover \_\_\_\_\_

street yard \_\_\_\_\_

landscaping \_\_\_\_\_

k. parking \_\_\_\_\_

Supplemental use: \_\_\_\_\_

**11. Request for Zoning Variance**

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

- a. Building Board of Review – Case # \_\_\_\_\_ Dates: \_\_\_\_\_
- b. Zoning Board of Adjustment – Case # \_\_\_\_\_ Dates: \_\_\_\_\_
- c. Other-Explain: \_\_\_\_\_

**12. Provide HVAC load calculations.**

**13. Minimum Plumbing facilities-occupant load calculations (see state of Iowa amendments)**

(<http://www.legis.state.ia.us/Rules/2002/iac/641iac/64125/64125.pdf>)

Women’s Restrooms: # of lavs required \_\_\_\_\_  
 # of water closets required \_\_\_\_\_

Men’s Restrooms: # of lavs required \_\_\_\_\_  
 # of water closets required \_\_\_\_\_  
 # of urinals required \_\_\_\_\_

Pressure at gas main \_\_\_\_\_

Gas load calculations \_\_\_\_\_

Gas meter size \_\_\_\_\_

Most remote outlet \_\_\_\_\_

Pressure at water main \_\_\_\_\_

Water meter size \_\_\_\_\_

Riser diagram supplied for: (Required for Commercial)

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

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

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

Appliance Vents \_\_\_\_\_ Yes \_\_\_\_\_ No

**14. Electrical Panel:** Ampere Rating \_\_\_\_\_

**15. Electrical Service:**

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

**16. Available Fault Current at Main Breaker:** \_\_\_\_\_

**17. Required Fault Current Rating for Breaker:** \_\_\_\_\_

**18. Type of Emergency System and Load:** \_\_\_\_\_

**19. Pre-Connection Deposit:** Paid: \_\_\_\_\_ Yes \_\_\_\_\_ No. \_\_\_\_\_

**20. Accessibility (IBC Chapter 11):**

- |   |                      |                 |
|---|----------------------|-----------------|
| 1. a. New Construction Total Compliance | Required: _____      | Provided: _____ |
| b. 20% disproportionality (2010 ADA)    | Required: _____      | Provided: _____ |
| 2. Height of Items from floor:          |                      |                 |
| a. Pull Stations                        | Required: 15" - 48"  | Provided: _____ |
| b. Thermostats                          | Required: 15" - 48"  | Provided: _____ |
| c. Switches                             | Required: 15" - 48"  | Provided: _____ |
| d. Outlets                              | Required: 15" - 48"  | Provided: _____ |
| e. Counter tops                         | Required: 28" - 36"  | Provided: _____ |
| f. Visible Signals                      | Required: 80" - 96"  | Provided: _____ |
| g. Top of Water Closet                  | Required: 17" - 19"  | Provided: _____ |
| h. Under Lavatory Clearance             | Required: 29" min    | Provided: _____ |
| i. Grab Bars                            | Required: 15" - 48"  | Provided: _____ |
| j. Fountain spout                       | Required: 36" max    | Provided: _____ |
| k. Telephone Coin Slot                  | Required: 48" max    | Provided: _____ |
| l. Clothes Rod                          | Required: 54" max    | Provided: _____ |
| m. Elevator Call Buttons                | Required: 42" center | Provided: _____ |
| 3. Width of Items:                      |                      |                 |
| n. Turning Diameter                     | Required: 60" min.   | Provided: _____ |
| o. Clear Doorway Opening                | Required: 32" min.   | Provided: _____ |
| p. Parking Spaces                       | Required: _____      | Provided: _____ |
| q. Water Closet Approach                | Required: _____      | Provided: _____ |