



JOB ADDRESS: _____

The above proposed project may require plumbing, electrical, and mechanical plan check. In order for this to be accurately determined and to eliminate confusion or delays in the building permitting process, please complete, or have the design professional, complete the questions below.

If the answer to any of the questions is "YES", plan check is required for the corresponding discipline. Submit a plan check application plans and plan check fees for the appropriate discipline to the City to avoid confusion or delays in the building permitting process. Thank you for your cooperation.

NOTE: The Building Official may make exceptions to minor work, additions, and alterations.

PLUMBING

- | | <u>NO</u> | <u>YES</u> |
|--------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Does the project contain more than 216 drainage fixture units? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the potable water supply piping required to be 2" or larger? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the fuel gas piping required to be 2" or larger? | <input type="checkbox"/> | <input type="checkbox"/> |

MECHANICAL

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are there any installations where the aggregate BTU input is Greater than 1,000,000 for comfort heating or cooling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there any installation of a food processing establishment containing a commercial type hood? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any installations containing a single comfort heating system with a capacity of 10,000 cubic feet per minute or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a parking garage requiring mechanical ventilation? | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRICAL

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Is there any installation where one or more services, switchboards, motor control centers, or feeders has a rating of 400 amperes or larger at 600 volts or less? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there any installation rated above 600 volts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is this building a theater or motion picture theater? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there an assembly room or similar place having an assemblage or seating capacity exceeding 500 persons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this a hospital or other health care facility with surgical operating rooms falling within the scope of Article 517 of the National Electrical Code? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there any installation in locations classes as hazardous locations Chapter 5 of the National by the provisions of Electrical Code, unless otherwise satisfactory to the Building and Safety Division? | <input type="checkbox"/> | <input type="checkbox"/> |