

## Commercial Plan Review Submittal Form INSTRUCTIONS

Do not send this page with form

### Submittal Information:

- If project was under contract before the PA UCC adopted the 2009 ICC codes, provide documentation of such, in order to use the ICC 2006 Code Year (Plans may be rejected without documentation)
- Plan Review Submittal Form **shall** be completed in its' entirety
- Drawings **must** be stamped and signed by the design professional
- Three sets of drawings, specs and project manuals required

### Additional Information:

- MEP's shall be submitted at the time of review unless the authority having jurisdiction allows and has documented a delayed submittal. Documentation shall be submitted with drawings.
- If obtaining or requesting a variance from the Jurisdictions Building Code Official, please include all documentation
- *ComCheck* will be required for energy compliance; Web Site: [www.energycodes.gov](http://www.energycodes.gov)
- Accessibility variances can only be obtained from the Pennsylvania Department of Labor and Industry
- If the project is located in Allegheny County, the Allegheny County Health Department Plumbing Division shall have jurisdiction over the plumbing code. Their phone number is 412-578-8036

### Turn Around Time:

- The PA UCC allows **30 business days** to complete plan reviews.
- Code.Sys™ Code Consulting, Inc. **attempts to complete project sooner**, depending on the incoming volume
- One the review is completed, an invoice will be sent to the applicant with the plan review fee

### If the drawings meet PA UCC Code Requirements:

- If the drawings are found to be compliant, they will be stamped for code approval; if the plan review invoice is satisfied, the approved drawings will be forwarded to the municipality for permitting

### If the drawings do not meet PA UCC Code Requirements:

- If the plan review finds non-code compliant issues, the plan review report will be sent to the design professional
- At that point it is up to the design professional to resubmit corrections.  
**THREE COMPLETE SET OF RESUBMITTED DRAWINGS ARE REQUIRED.**  
Due to liability Code.Sys™ Code Consulting, Inc will **not** collate drawings.

# Commercial Plan Review Submittal Form

Please Complete In Full And Return To: Code.Sys™ Code Consulting, Inc., 321 Grant Ave, Pittsburgh, PA 15209  
Phone: 412-821-0337 FAX: 412-821-0699

**\*CHECK ALL BELOW: (PA UCC SECTION: 403.42A (c) )**

- THREE (3) Copies of all drawings SIGNED and SEALED by a registered design professional
- THREE (3) Copies of all Engineering Calculations, Soil Report, Project Manuals
- Construction documents shall contain a Site Plan that is drawn to scale; It shall indicate the building on site, distance from lot line, accessible routes, slopes and grades, and accessible parking if provided.
- Construction documents shall detail the location, construction, size and character of all portions of the Means of Egress (Life Safety Plan)
- Construction documents shall indicate Construction Type, Occupancy Classification, and compliance with Height and Area limitations
- Construction documents shall indicate number of occupant load on every floor and in all rooms and spaces.
- Indicate all rated walls and assemblies as well as UL design information
- Provide Interior Finish information in accordance with IBC 2006 / 2009, Chapter 8
- Provide Door, Hardware and Window Schedules
- Construction documents shall contain the following information related to the exterior wall envelope: Flashing details, intersections with dissimilar materials, corners, end details, control joints, intersections at roof, eaves, or parapets, means of drainage, water-resistive membrane and details around openings
- Compliance with the energy conservation requirements or COMcheck will be required for building envelope, lighting systems, mechanical systems
- Indicate the Plumbing Fixtures counts for Water Closets, Lavatories, Drinking Fountains, Service Sink

**\*Description of Work:**

Name of Applicant or Agent: \_\_\_\_\_

PRINT NAME

Signature: \_\_\_\_\_

The above Signed hereby states that all information contained on this construction document review submittal form is true and correct.  
The above Signed agrees to pay fees as assessed by Code.Sys™ Code Consulting, Inc.  
By submitting, the BCO of the community has agreed to retain Code.Sys™ Code Consulting, Inc. as per the PA UCC

Date: \_\_\_\_\_

**Commercial Plan Review Submittal Form**Please Complete In Full And Return To: Code.Sys™ Code Consulting, Inc., 321 Grant Ave, Pittsburgh, PA 15209  
Phone: 412-821-0337 FAX: 412-821-0699**\*TYPE OF CONSTRUCTION (IBC 2006 / 2009; Section 602)**

<input type="checkbox"/> IA	<input type="checkbox"/> IB	<input type="checkbox"/> IIA	<input type="checkbox"/> IIB	<input type="checkbox"/> IIIA	<input type="checkbox"/> IIIB	<input type="checkbox"/> HT	<input type="checkbox"/> VA	<input type="checkbox"/> VB
-----------------------------	-----------------------------	------------------------------	------------------------------	-------------------------------	-------------------------------	-----------------------------	-----------------------------	-----------------------------

**\*NEW OR EXISTING CONSTRUCTION** (Shell Fitout Reviewed as New Construction)

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION
---	-----------------------------------	-------------------------------------

IF EXISTING, INDICATE CODE REFERENCE	IEBC (Current C of O must exist) <input type="checkbox"/>						IBC Chapter 34 (Current C of O must exist) <input type="checkbox"/>	
	IF IEBC: LEVEL OF ALTERATION						IF IBC CHAPTER 34, IS "COMPLIANCE ALTERNATIVES" SECTION 3410 or 3412 ATTACHED?	
	Repair <input type="checkbox"/>	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	Change In Occupancy <input type="checkbox"/>	Addition <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**\*OCCUPANCY CLASSIFICATION (IBC 2006 / 2009; Section 302)**

ASSEMBLY	BUSINESS	EDUCATIONAL	FACTORY & INDUSTRIAL	HIGH HAZARD	INSTITUTIONAL	MERCANTILE	RESIDENTIAL	STORAGE	UTILITY & MISCELLANEOUS
<input type="checkbox"/> A-1	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F-1	<input type="checkbox"/> H-1	<input type="checkbox"/> I-1	<input type="checkbox"/> M	<input type="checkbox"/> R-1	<input type="checkbox"/> S-1	<input type="checkbox"/> U
<input type="checkbox"/> A-2			<input type="checkbox"/> F-2	<input type="checkbox"/> H-2	<input type="checkbox"/> I-2		<input type="checkbox"/> R-2	<input type="checkbox"/> S-2	
<input type="checkbox"/> A-3				<input type="checkbox"/> H-3	<input type="checkbox"/> I-3		<input type="checkbox"/> R-3		
<input type="checkbox"/> A-4				<input type="checkbox"/> H-4	<input type="checkbox"/> I-4		<input type="checkbox"/> R-4		
<input type="checkbox"/> A-5				<input type="checkbox"/> H-5					

\*CHANGE OF OCCUPANCY CLASSIFICATION? NO  YES  If YES: FROM \_\_\_\_\_ TO \_\_\_\_\_

\*SQUARE FOOTAGE OF WORK AREA AREA 1 \_\_\_\_\_ AREA 2 \_\_\_\_\_ AREA 3 \_\_\_\_\_  
If more space needed, please put in Comments

**\*OTHER INFORMATION**

\*ANY MODIFICATIONS TO THE PA UCC? NO  YES  • IF "YES", ATTACH FORM

\*IS THE BUILDING CURRENTLY SPRINKLERED OR GOING TO BE SPRINKLERED? NO  YES  • IF SPRINKLERS ARE IN THE SCOPE OF WORK, PLANS SHALL SHOW LOCATION OF SPRINKLER HEADS.  
• SPRINKLER PLANS AND SHOP DRAWINGS WILL NEED TO BE SUBMITTED FOR SEPARATE REVIEW.  
• DESIGN PROFESSIONAL MUST APPROVE SHOP DRAWINGS

\*IS MECHANICAL, ELECTRICAL, PLUMBING (MEP'S) INCLUDED IN THE SCOPE OF THIS PROJECT? NO  YES  • IF "YES", THEN MEP'S ARE TO BE SUBMITTED FOR REVIEW.  
• BCO WILL NEED TO PROVIDE APPROVAL FOR PHASED SUBMITTAL

# Commercial Plan Review Submittal Form

Please Complete In Full And Return To: Code.Sys™ Code Consulting, Inc., 321 Grant Ave, Pittsburgh, PA 15209  
Phone: 412-821-0337 FAX: 412-821-0699

**DATE:** \_\_\_\_\_

**ICC CODE REFERENCE YEAR:** 2006  2009

VERIFY AND PROVIDE DOCUMENTATION THAT PROJECT IS UNDER CONTRACT BEFORE 12/31/2009,  
IN ORDER TO USE ICC CODE REFERENCE YEAR 2006

**\*PROJECT**

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

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

Township or Borough: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

**\*APPLICANT**

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**\* JURISDICTION** (i.e. City, Township, Borough)

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Code Official: \_\_\_\_\_

**\*If OTHER than APPLICANT, Indicate whom is to be involved:\*\***

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\*\* The Invoice for the fee will be sent to the Applicant unless otherwise indicated.

**\*TYPE OF REVIEW**

Preliminary Review ** <input type="checkbox"/>	Plumbing <input type="checkbox"/>
Building Plan Review** (with Accessibility) <input type="checkbox"/>	Fire Alarm <input type="checkbox"/>
Accessibility Only <input type="checkbox"/>	Sprinkler <input type="checkbox"/>
Mechanical <input type="checkbox"/>	Hood System <input type="checkbox"/>
Electrical <input type="checkbox"/>	Energy <input type="checkbox"/>

\*\* Includes all aspects of the building, electrical, mechanical, etc. codes

**\*DESIGN PROFESSIONAL INFORMATION**

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_