

Submit in triplicate

Building Permit # _____

PLAN REVIEW FORM

2006 International Building Code

City of Omaha Planning Department

Permits & Inspections Division

1819 Farnam St., Room 1110

Omaha, NE 68183

Ph: (402) 444-5350 Fax: (402) 444-5233

Date: _____

Project Information:

Registered Design Professional in Charge of the Project:

Project address: _____ Name: _____

Project name: _____ Firm: _____

Owner: _____ Address: _____

Address: _____ City/State/Zip _____

City/State/Zip: _____ Phone: _____

Phone: _____ Email: _____

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)

2. Building or Zoning Code Waivers:

(a) Zoning Board of Appeals.....# _____ Date _____

(b) Building Board of Review.....# _____ Date _____

(c) City Council Resolution..... # _____ Date _____

(d) Other – Explain: _____

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) Wind Load..... IBC Min: 90 mph / exp. "B" Designed: _____

4. Fire Protection 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 705)..... 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 704.11) ... Required: Yes ___ No ___ Provided: Yes ___ No ___
- (l) Draft Stops: (IBC Section 717)..... Required: Yes ___ No ___ Provided: Yes ___ No ___

5. Exit Requirements (IBC Chapter 10)

- (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:..... Allowed: _____ Provided: _____
- (e) Corridor Width:..... Required: _____ Ft. _____ In. Provided: _____ Ft. _____ In.
- (f) Corridor Protection Required:..... Required: Yes ___ No ___ Fire Rating Provided: _____ Hr.

6. Energy Compliance (2006 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 (2006 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. Final report 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 inspections 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 | _____ |
| (f) Multi-story area determination (506.4) | _____ |

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

9. Mixed Uses

(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)

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 _____

$\frac{\text{Actual area}}{\text{Allowed area}} =$ _____ $\frac{\text{Actual area}}{\text{Allowed area}} =$ _____ $\frac{\text{Actual area}}{\text{Allowed area}} =$ _____ $\frac{\text{Actual area}}{\text{Allowed area}} =$ _____

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: _____

Application for *building permit* shall contain information required per section 55-882, Site Plan Review of Chapter 55, Zoning Ordinance for the City of Omaha of the Omaha Municipal Code. Projects within urban design overlay districts shall include additional information per 55-937, Urban Design Site Plan Review.

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Permitted use | <input type="checkbox"/> Site plan attached, drawn to scale, with dimensions, etc...per 55-881(d) |
| <input type="checkbox"/> Conditional use | <input type="checkbox"/> Site plan review has been completed |
| <input type="checkbox"/> Special use | <input type="checkbox"/> Overlay Zoning |
| <input type="checkbox"/> Site plan review has been completed | <input type="checkbox"/> Urban Design Site Plan Review has been completed |
| <input type="checkbox"/> Flood Plain Development | |
| <input type="checkbox"/> Airport Zone | |
| <input type="checkbox"/> Survey certificate | |

Site Regulators

	<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	%	%	
j. Minimum depth	_____	_____	55-714(e)(1)
street yard			
landscaping			
k. Parking	_____	_____	Show calculations

Bufferyard: (Adjacent Zoning): _____

Supplemental Use: _____

Supplemental Site: _____

Notes: _____

