

City of Roanoke Rapids
Department of Planning & Development

COMMERCIAL BUILDING PERMIT APPLICATION

Applicant Name _____ Date _____

Project Address _____

Total Project Cost _____ Electrical Cost _____

Subdivision _____ Block No. _____ Lot No. _____

Developer _____ Telephone Number _____

Property Owner _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Project Contact Person _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Description of proposed work: _____

Type of Building: New Existing Addition N/A

Type of Construction: I II III IV V

Occupancy: A-1 A-2 A-3 A-4 A-5 B E F-1 F-2

H-1 H-2 H-3 H-4 H-5 I-1 I-2 I-3 I-4 M

R-1 R-2 R-3 R-4 S-1 S-2 U Mixed

Equipment: New Existing Addition N/A

Property Use: Single Family Two Family Apartment Condominium Townhouse

Other (Library, Office, Etc.)

Building Area: Total Area sq. ft. _____ Area per floor sq. ft. _____

Building Height: _____ Feet No. of Stories _____

State Agency Approvals:

NC Department of Insurance Yes___ No___ N/A___

Plan Approval _____ # of Sheets _____ Date _____

Specifications _____ #of Sheets _____ Date _____

NC Department of Labor Yes___ No___ N/A___

Elevators Date _____ Boilers _____ Date _____

Utilities:

Water: ___ Public ___ Private ___ Private Health Dept. Permit # _____

Sewer: ___ Public ___ Private ___ Private Health Dept. Permit # _____

Place X and complete additional information for each permit type needed.

___ **General Construction Permit**

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Telephone # _____
___ Architect ___ Engineer NC Reg. # ___ Owner ___ Other ___
Address _____ City _____ State _____ Zip _____

___ **Electrical Permit**

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Telephone # _____
___ Architect ___ Engineer NC Reg. # ___ Owner ___ Other ___
Address _____ City _____ State _____ Zip _____

___ **Mechanical Permit**

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Telephone # _____
___ Architect ___ Engineer NC Reg. # ___ Owner ___ Other ___
Address _____ City _____ State _____ Zip _____

___ **Plumbing Permit**

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Telephone # _____
___ Architect ___ Engineer NC Reg. # ___ Owner ___ Other ___
Address _____ City _____ State _____ Zip _____

___ Sprinkler Protection Permit

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Telephone # _____
___ Architect ___ Engineer NC Reg. # ___ Owner ___ Other ___
Address _____ City _____ State _____ Zip _____

___ Fire Alarm System Permit

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Telephone # _____
___ Architect ___ Engineer NC Reg. # ___ Owner ___ Other ___
Address _____ City _____ State _____ Zip _____

___ Sign Permit

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Telephone # _____
___ Architect ___ Engineer NC Reg. # ___ Owner ___ Other ___
Address _____ City _____ State _____ Zip _____

___ Accessory Structures Permit

___ Accessory Building Size _____ Sq. ft.
___ Solid Fence ___ Dish Antenna ___ Swimming Pool ___ Other

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature _____

2009 APPENDIX B
BUILDING CODE SUMMARY
FOR ALL COMMERCIAL PROJECTS
(EXCEPT 1 AND 2-FAMILY DWELLINGS AND TOWNHOUSES)
 (Reproduce the following data on the building plans sheet 1 or 2)

Name of Project: _____
 Address: _____ Zip Code _____
 Proposed Use: _____
 Owner/Authorized Agent: _____ Phone # (_____) _____ - _____ E-Mail _____
 Owned By: City/County Private State
 Code Enforcement Jurisdiction: City _____ County _____ State

LEAD DESIGN PROFESSIONAL: _____

DESIGNER	FIRM	NAME	LICENSE #	TELEPHONE #	E-MAIL
Architectural	_____	_____	_____	(____)_____	_____
Civil	_____	_____	_____	(____)_____	_____
Electrical	_____	_____	_____	(____)_____	_____
Fire Alarm	_____	_____	_____	(____)_____	_____
Plumbing	_____	_____	_____	(____)_____	_____
Mechanical	_____	_____	_____	(____)_____	_____
Sprinkler-Standpipe	_____	_____	_____	(____)_____	_____
Structural	_____	_____	_____	(____)_____	_____
Retaining Walls >5' High	_____	_____	_____	(____)_____	_____
Other	_____	_____	_____	(____)_____	_____

2009 EDITION OF NC CODE FOR: New Construction Addition Upfit
EXISTING: Reconstruction Alteration Repair
CONSTRUCTED _____ **ORIGINAL USE** _____ **RENOVATED** _____ **CURRENT USE** _____

BUILDING DATA

Construction Type: I-A II-A III-A IV V-A
 I-B II-B III-B V-B

Mixed construction: No Yes Types _____

Sprinklers: No Partial Yes NFPA 13 NFPA 13R NFPA 13D

Standpipes: No Yes Class I II III Wet Dry

Fire District: No Yes **Flood Hazard Area:** No Yes

Building Height: Feet _____ Number of Stories _____

Mezzanine: No Yes

Gross Building Area:

FLOOR	EXISTING (SQ FT)	NEW (SQ FT)	SUB-TOTAL
6 th Floor	_____	_____	_____
5 th Floor	_____	_____	_____
4 th Floor	_____	_____	_____
3 rd Floor	_____	_____	_____
2 nd Floor	_____	_____	_____
Mezzanine	_____	_____	_____
1 st Floor	_____	_____	_____
Basement	_____	_____	_____

TOTAL

ALLOWABLE AREA

- Primary Occupancy:** Assembly A-1 A-2 A-3 A-4 A-5
 Business Educational Factory F-1 Moderate F-2 Low
 Hazardous H-1 Detonate H-2 Deflagrate H-3 Combust H-4 Health H-5 HPM
 Institutional I-1 I-2 I-3 I-4
 I-3 Condition 1 2 3 4 5
 Mercantile Residential R-1 R-2 R-3 R-4
 Storage S-1 Moderate S-2 Low High-piled
 Utility and Miscellaneous Parking Garage Open Enclosed Repair Garage

Secondary Occupancy: _____

- Special Uses:** 402 403 404 405 406 407 408 409 410 411 412 413 414
 415 416 417 418 419 420 421 422 423

- Special Provisions:** 509.2 509.3 509.4 509.5 509.6 509.7 509.8

- Mixed Occupancy:** No Yes Separation: _____ Hr. Exception: _____

- Incidental Use Separation (508.2)

This separation is not exempt as a Non-Separated Use (see exceptions).

- Non-Separated Use (508.3.2)

The required type of construction for the building shall be determined by applying the height and area limitations for each of the applicable occupancies to the entire building. The most restrictive type of construction, so determined, shall apply to the entire building.

- Separated Use (508.3.3) - See below for area calculations

For each story, the area of the occupancy shall be such that the sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1.

$$\frac{\text{Actual Area of Occupancy A}}{\text{Allowable Area of Occupancy A}} + \frac{\text{Actual Area of Occupancy B}}{\text{Allowable Area of Occupancy B}} \leq 1$$

$$\underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \dots = \underline{\hspace{2cm}} \leq 1.00$$

STORY NO.	DESCRIPTION AND USE	(A) BLDG AREA PER STORY (ACTUAL)	(B) TABLE 503 ⁵ AREA	(C) AREA FOR FRONTAGE INCREASE ¹	(D) AREA FOR SPRINKLER INCREASE ²	(E) ALLOWABLE AREA OR UNLIMITED ³	(F) MAXIMUM BUILDING AREA ⁴

¹ Frontage area increases from Section 506.2 are computed thus:

- Perimeter which fronts a public way or open space having 20 feet minimum width = _____ (F)
- Total Building Perimeter = _____ (P)
- Ratio (F/P) = _____ (F/P)
- W = Minimum width of public way = _____ (W)
- Percent of frontage increase $I_f = 100 [F/P - 0.25] \times W/30 = \underline{\hspace{2cm}} (\%)$

² The sprinkler increase per Section 506.3 is as follows:

- Multi-story building $I_s = 200$ percent
- Single story building $I_s = 300$ percent

³ Unlimited area applicable under conditions of Sections Group B, F, M, S, A-3, A-4 (507);

Group A motion picture (507.10); covered mall buildings (402.6); and H-2 aircraft paint hangers (507.8).

⁴ Maximum Building Area = total number of stories in the building x E (506.4).

⁵ The maximum area of open parking garages must comply with Table 406.3.5. The maximum area of air traffic control towers must comply with Table 412.1.2.

ALLOWABLE HEIGHT

	ALLOWABLE (TABLE 503)	INCREASE FOR SPRINKLERS	SHOWN ON PLANS	CODE REFERENCE
Type of Construction	Type _____		Type _____	
Building Height in Feet	Feet _____	Feet = H + 20' = _____		
Building Height in Stories	Stories _____	Stories + 1 = _____	Stories	

FIRE PROTECTION REQUIREMENTS

Life Safety Plan Sheet #, if Provided _____

BUILDING ELEMENT	FIRE SEPARATION DISTANCE (FEET)	RATING		DETAIL # AND SHEET #	DESIGN # FOR RATED ASSEMBLY	DESIGN # FOR RATED PENETRATION	DESIGN # FOR RATED JOINTS
		REQ'D	PROVIDED (w/_____*) REDUCTION)				
Structural Frame, including columns, girders, trusses							
Bearing Walls							
Exterior							
North							
East							
West							
South							
Interior							
Nonbearing Walls and Partitions							
Exterior walls							
North							
East							
West							
South							
Interior walls and partitions							
Floor Construction Including supporting beams and joists							
Roof Construction Including supporting beams and joists							
Shaft Enclosures - Exit							
Shaft Enclosures - Other							
Corridor Separation							
Occupancy Separation							
Party/Fire Wall Separation							
Smoke Barrier Separation							
Tenant Separation							
Incidental Use Separation							

* Indicate section number permitting reduction

LIFE SAFETY SYSTEM REQUIREMENTS

Emergency Lighting: No Yes
 Exit Signs: No Yes
 Fire Alarm: No Yes
 Smoke Detection Systems: No Yes Partial _____
 Panic Hardware: No Yes

EXIT REQUIREMENTS

NUMBER AND ARRANGEMENT OF EXITS

FLOOR, ROOM OR SPACE DESIGNATION	MINIMUM ² NUMBER OF EXITS		TRAVEL DISTANCE		ARRANGEMENT MEANS OF EGRESS ^{1,3} (SECTION 1015.2)	
	REQUIRED	SHOWN ON PLANS	ALLOWABLE TRAVEL DISTANCE (TABLE 1015.1)	ACTUAL TRAVEL DISTANCE SHOWN ON PLANS	REQUIRED DISTANCE BETWEEN EXIT DOORS	ACTUAL DISTANCE SHOWN ON PLANS

¹ Corridor dead ends (Section 1017.3)
² Buildings with single exits (Table 1019.2), Spaces with one means of egress (Table 1015.1)
³ Common Path of Travel (Section 1014.3)

EXIT WIDTH

USE GROUP OR SPACE DESCRIPTION	(a)	(b)	CALCULATED OCCUPANT LOAD (a÷b)	(c)		EXIT WIDTH (in) ^{2,3,4,5,6}			
	AREA ¹ sq. ft.	AREA ¹ PER OCCUPANT (TABLE 1004.1.1)		EGRESS WIDTH PER OCCUPANT (TABLE 1005.1)		REQUIRED WIDTH (SECTION 1005.1) (a÷b) x c		ACTUAL WIDTH SHOWN ON PLANS	
				STAIR	LEVEL	STAIR	LEVEL	STAIR	LEVEL

¹ See Table 1004.1.1 to determine whether net or gross area is applicable. See definition "Area, Gross" and "Area, Net" (Section 1002)
² Minimum stairway width (Section 1009.1); min. corridor width (Section 1017.2); min. door width (Section 1008.1)
³ Minimum width of exit passageway (Section 1021.2)
⁴ See Section 1004.5 for converging exits.
⁵ The loss of one means of egress shall not reduce the available capacity to less than 50 percent of the total required (Section 1005.1)
⁶ Assembly occupancies (Section 1025)

STRUCTURAL DESIGN

DESIGN LOADS:

Importance Factors: Wind (I_w) _____
 Snow (I_s) _____
 Seismic (I_E) _____

Live Loads: Roof _____ psf
 Mezzanine _____ psf
 Floor _____ psf

Ground Snow Load: _____ psf

Wind Load: Basic Wind Speed _____ mph (ASCE-7)
 Exposure Category _____
 Wind Base Shears (for MWFRS) $V_x =$ _____ $V_y =$ _____

SEISMIC DESIGN CATEGORY A B C D

Provide the following Seismic Design Parameters:

Occupancy Category (Table 1604.5) I II III IV

Spectral Response Acceleration S_s _____ %g S_1 _____ %g

Site Classification _____ Field Test Presumptive Historical Data

Basic structural system (check one)

_____ Bearing Wall _____ Dual w/Special Moment Frame
 _____ Building Frame _____ Dual w/Intermediate R/C or Special Steel
 _____ Moment Frame _____ Inverted Pendulum

Seismic base shear $V_x =$ _____ $V_y =$ _____

Analysis Procedure _____ Simplified _____ Equivalent Lateral Force _____ Modal

Architectural, Mechanical, Components anchored? _____

LATERAL DESIGN CONTROL: Earthquake _____ Wind _____

SOIL BEARING CAPACITIES:

Field Test (provide copy of test report) _____ psf
 Presumptive Bearing capacity _____ psf
 Pile size, type, and capacity _____

PLUMBING FIXTURE REQUIREMENTS

USE		WATERCLOSETS		URINALS	LAVATORIES		SHOWERS/ TUBS	DRINKING FOUNTAINS	
		MALE	FEMALE		MALE	FEMALE		REGULAR	ACCESSIBLE
SPACE	EXISTING								
	NEW								
	REQUIRED								

ACCESSIBLE PARKING

LOT OR PARKING AREA	TOTAL # OF PARKING SPACES		# OF ACCESSIBLE SPACES PROVIDED		TOTAL # ACCESSIBLE PROVIDED
	REQUIRED	PROVIDED	REGULAR WITH 5' ACCESS AISLE	VAN SPACES WITH 8' ACCESS AISLE	
TOTAL					

SPECIAL APPROVALS

Special approval: (Local Jurisdiction, Department of Insurance, OSC, DPI, DHHS, ICC, etc., describe below)

ENERGY SUMMARY

ENERGY REQUIREMENTS:

The following data shall be considered minimum and any special attribute required to meet the energy code shall also be provided. Each Designer shall furnish the required portions of the project information for the plan data sheet. If energy cost budget method, state the annual energy cost budget vs allowable annual energy cost budget.

THERMAL ENVELOPE

Method of Compliance:

- Prescriptive ___% Glazed Wall Area
 Performance Energy Cost Budget

Roof/ceiling Assembly (each assembly)

Description of assembly
U-Value of total assembly
R-Value of insulation
Skylights in each assembly
 U-Value of skylight
 total square footage of skylights in each assembly

Exterior Walls (each assembly)

Description of assembly
U-Value of total assembly
R-Value of insulation
Openings (windows or doors with glazing)
 U-Value of assembly
 shading coefficient
 projection factor
 low e required, if applicable
Door R-Values

Walls adjacent to unconditioned space (each assembly)

Description of assembly
U-Value of total assembly
R-Value of insulation
Openings (windows or doors with glazing)
 U-Value of assembly
 Low e required, if applicable
Door R-Values

Walls below grade (each assembly)

Description of assembly
U-Value of total assembly
R-Value of insulation

Floors over unconditioned space (each assembly)

Description of assembly
U-Value of total assembly
R-Value of insulation

Floors slab on grade

Description of assembly
U-Value of total assembly
R-Value of insulation
Horizontal/vertical requirement
slab heated

ELECTRICAL SUMMARY

ELECTRICAL SYSTEM AND EQUIPMENT

Method of Compliance:

Prescriptive Performance Energy Cost Budget

Lighting schedule

lamp type required in fixture
number of lamps in fixture
ballast type used in the fixture
number of ballasts in fixture
total wattage per fixture
total interior wattage specified vs allowed
total exterior wattage specified vs allowed

Equipment schedules with motors (not used for mechanical systems)

motor horsepower
number of phases
minimum efficiency
motor type
of poles

MECHANICAL SUMMARY

MECHANICAL SYSTEMS, SERVICE SYSTEMS AND EQUIPMENT

Method of Compliance

Prescriptive Energy Cost Budget

Climate Zone _____

Thermal Zone

winter dry bulb
summer dry bulb

Interior design conditions

winter dry bulb
summer dry bulb
relative humidity

Building heating load

Building cooling load

Mechanical Spacing Conditioning System

Unitary

description of unit

heating efficiency

cooling efficiency

heat output of unit

cooling output of unit

Boiler

total boiler output. If oversized, state reason.

Chiller

total chiller capacity. If oversized, state reason.

List equipment efficiencies

Equipment schedules with motors (mechanical systems)

motor horsepower

number of phases

minimum efficiency

motor type

of poles
