

**YADKIN COUNTY INSPECTION DEPARTMENT
PERMIT APPLICATION AND BUILDING CODE SUMMARY
FOR ALL COMMERCIAL PROJECTS**

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Name of Project: _____ Date of Application _____

Address: _____

Proposed Use: _____

Owner/Contact Person: _____ Telephone: _____

Construction Cost \$ _____

(Including the cost of building, plumbing, electrical & mechanical)

Contractor Information:

NAME	ADDRESS	LICENSE NUMBER
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Building _____

Mechanical _____

Plumbing _____

Electrical _____

How many plumbing fixtures? _____ (remember to include the water heater)

Mechanical units: # of gas units _____ # of electrical units _____ tons _____

Size of electrical service _____ amp.

Will this need a temporary service? _____

What power company will be providing service? _____

DESIGNER OF RECORD:

DESIGNER:	NAME	LICENSE #	TELEPHONE #
Architectural	_____	_____	_____
Electrical	_____	_____	_____
Plumbing	_____	_____	_____
Mechanical	_____	_____	_____
Structural	_____	_____	_____
Sprinkler/Standpipe	_____	_____	_____
Fire Alarm	_____	_____	_____
Other	_____	_____	_____

BUILDING DATA

Occupancy: Assembly: A-1 _____ A-2 _____ A-3 _____ A-4 _____ A-5 _____ Business: _____ Educational: _____ Mercantile: _____
Factory Industrial: F-1 _____ F-2 _____ Hazardous: H-1 _____ H-2 _____ H-3 _____ H-4 _____ H-5 _____ Storage: S-1 _____ S-2 _____
Intitutional: I-1 _____ I-2 _____ I-3 _____ I-4 _____ Residential: R-1 _____ R-2 _____ R-3 _____ R-4 _____ Miscellaneous Group U: _____

Mixed Occupancy? Yes / No Separation: _____ Hr.

Construction Type: I-A _____ II-B _____ III-A _____ III-B _____ IV (HT) _____ V-A _____ V-B _____

Mixed Construction: _____ Yes / No Type: _____

Sprinklers ? Yes / No (13, 13R, 13D) _____

Fire District? Yes / No

Building Height: _____ feet _____ No. of Stories _____ Mezzanine: Yes / No _____ High Rise: Yes / No _____

Gross Building Area:

Floor:	(Foot Print) Sq. Ft.	Sq. Ft.
Basement	_____	_____
1 st Floor	_____	_____
2 nd Floor	_____	_____
3 rd Floor	_____	_____

Total Gross Area: _____ Sq Ft.

Area Increase? Yes / No Yes Code Reference: _____

If Yes, Calculations: _____

FIRE RESISTANCE RATINGS ***		Required Hourly**	Detail # & Sheet #	% Wall Opening#	Design for Rated Assemblies
Party/Firewalls:					
Exterior Bearing walls:	North				
	East				
	West				
	South				
Exterior Non-Bearing Walls:	North				
	East				
	West				
	South				

Interior Walls:	Required Hourly**	Penetrations	For Rated Test #	Assemblies
Bearing				
Non-bearing				
Tenant Separation:				
Ceiling Floor Assembly:				
Vertical Shafts: ****				
Chase-P.E.M.:				
Mixed Occupation Separation:				
Tenant Separation				
LIFE SAFETY SYSTEMS:		Emergency Lighting and Exterior Exit Signs	Yes / No	
		Fire Alarm and Smoke Detection Systems	Yes / No	
		Panic Hardware	Yes / No	

EXIT REQUIREMENTS:
Dead End limit-maximum condition _____feet
Travel distance to exit- maximum condition _____feet
Number Exits: Total Square Feet of Floor_____divided by net/sq. ft. per occupancy _____ = _____ Total Number of people on floor. Number of doors provided _____. Number of doors required_____.

DESIGN LOADS:
Roof Live Load: _____psf.
Wind: _____mhp.
Floor: _____psf.
Snow: _____psf.
Seismic: _____
Lateral Design: _____Soil Bearing Capacities:
Field Test (Provide Copy of Test Report)_____psf.
Presumptive Bearing Capacity: _____psf.
PARKING SPACES _____Required _____ Provided
Handicapped Spaces: _____ Provided (16’ x 16 wide and R7-8 sign)
Special approval by Department of Insurance or by Local Jurisdiction, describe below:

Signature of Contractor: _____date: _____

Print (Contractor’s name)

FOOTNOTES:
* Required if wall to property or assumed line is less than 30 feet.
** All fire rated walls shall be identified on plans by hatching, shading, etc.; show legend.
*** Identify code section when using special exceptions, etc.
**** Stairs, elevators and/or atrium.