

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

Page 1 of 2

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
------	---------	-------------------

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 ____
 Intuitive: 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	_____	4 th Floor _____
1 st Floor	_____	5 th Floor _____
2 nd Floor	_____	6 th Floor _____
3 rd Floor	_____	7 th 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-BearingWalls:					
	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.