



SCOPE OF WORK - COMMERCIAL

(Unit#) _____ (Address) _____

Select best job description:

- () Change of ownership or name only – No physical changes. All Existing.
- () Reconfiguration only of existing space. Same Occupancy type, or use.
- () Additional/Reduction of space to existing Business/Occupancy type.
- () New Use, Occupancy type, or Business of existing space.

General Plan Requirements:

1. A legible scaled site plan is required of the unit/space location, showing the use/occupancy type of all adjacent business to the location.
2. An existing dimensioned floor plan is required showing sizes and use of all rooms.
3. A purposed floor plan is required if any changes are to be made.
4. Show the size and use of each room/area to determined occupancy load
5. Show locations of emergency lighting, exit lights, fire extinguishers and sprinkler heads if present.

For the following types of construction, please list the areas or rooms where that type of construction may be performed : (Offices, Conference Room, Sales, Storage, Waiting Rooms). You may specify areas where no work is to be done as existing or no changes. List any special conditions in the additional information area.

Building :

Electric : Changes or additions will require current load calculations and for purposed new load

Plumbing : Any relocations or additions

Mechanical : New energy calculations are required for any changes or added areas

Gas :

Additional information /Special conditions : _____

Form Prepared by : _____ Date _____

Contact Phone # : _____ Email: _____

NOTE : This application analysis is only for construction plans only. Building Permits may require approval of other departments or procedures before a building permit may be issued. ADA/FAC requirements will be addressed during the reviews process.

Construction Plans Analysis only :

Change of Use Permit Required () Yes or () No

Plan Review Required: () Yes or () No

Engineered Plans Required () Yes or () No

Building Permits Required For :

- () Building () Electric () Plumbing
- () Mechanical () Gas () Fire Required Permits
- () Other specific reviews or approvals maybe required

Reviewed by: _____ Date: _____

Notes : _____

