**Plans Review – Request to BCA**

**TN-000000**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name:** | |  | | | | | | | | | | | |  | | **Space Impact or PECO #** | | | | |  | | | | | |
| **Building:** | |  | | | | | | | | | | | |  | | **Current use of space:** | | | | |  | | | | | |
| **Room #:** | |  | | | | | | | | | | | |  | | **Proposed use of space:** | | | | |  | | | | | |
| **Description:** | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **A** | **CONTACT INFORMATION:** | | | | | | | | | | **Name** | | | | | | | | | |  | **Email** | | | | |  | **Phone** |
| **a** | **Applicant's Name:** | | | | | | | | |  | | | | | | | | | |  |  | | | | |  |  |
| **b** | **State Agency Contact:** | | | | | | | | |  | | | | | | | | | |  |  | | | | |  |  |
| **c** | **Architect of Record:** | | | | | | | | |  | | | | | | | | | |  |  | | | | |  |  |
| **d** | **Engineer of Record - Fire Alarm System:** | | | | | | | | |  | | | | | | | | | |  |  | | | | |  |  |
| **e** | **Engineer of Record - Fire Sprinkler System:** | | | | | | | | |  | | | | | | | | | |  |  | | | | |  |  |
| **B** | **CONSTRUCTION BUDGET:** | | | | | | | | | | | | | | | | **Total Construction Budget** | | | | | | | | | **BCO Construction Budget\*** | | |
|  | \*For BCO Fee calculations: Do **not include** the cost of land, site improvement, civil work or furniture and equipment. Confirm with BCA. | | | | | | | | | | | | | | | **$** | | | | | | | | | **$** | | |
| **C** | **TYPE OF SUBMITTAL:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a** |  | **100% CD for Permit** | | |  | | | | | | | |  | **f** | |  | | **Fast-Tracked Permit** | | | | |  | | | | |
| **b** |  | **SFM submittal** | | |  | | | | | | | |  | **g** | |  | | **Civil** | | | | |  | | | | |
| **c** |  |  | | |  | | | | | | | |  | **h** | |  | | **Foundation** | | | | |  | | | | |
| **d** |  |  | | |  | | | | | | | |  | **i** | |  | | **Structure** | | | | |  | | | | |
| **e** |  | **Other:** | | |  | | | | | | | |  | **j** | |  | |  | | | | |  | | | | |
| **D** | **BUILDING INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a** | **State Owned\*** | | | |  | | | **d** | **Building Name:** | |  | | | | | | | **g** | **Building Street Address:** | | | | |  | | | |
| **b** | **State-Leased,\*\* lease #:** | | | |  | | | **e** | **Building #:** | |  | | | | | | | **h** | **City/State/Zip:** | | | | |  | | | |
| **c** | **Design or State Project No.** | | | |  | | | **f** | **Project GSF** | |  | | | | | | | **i** | **County:** | | | | |  | | | |
| **j** | **NFPA Occupancy Type:** (check all that apply) | | | | | | | | | |  | **For BCA Use:** | | | | | | | | | | | | | | | |
|  |  | **Ambulatory Health Care** | | | |  |  | **Apartments** | | |  |  | | | | | | | | | | | | | | | |
|  |  | **Detention & Correctional** | | | |  |  | **Day-Care** | | |  |
|  |  | **One and Two Family** | | | |  |  | **Mercantile** | | |  |
|  |  | **Hotels and Dormitories** | | | |  |  | **Health Care** | | |  |
|  |  | **Lodging or Rooming Houses** | | | |  |  | **Business** | | |  |
|  |  | **Residential Board and Care** | | | |  |  | **Industrial** | | |  |
|  |  | **Storage** | | | |  |  | **Assembly** | | |  |
| **k** | **Is this a change in occupancy?** | | | | | **Yes** | | | | **No** |  |
| **l** | **FBC Construction Type:** | | | | |  | | | | |  |
| **m** | **Building Height:** (highest floor) | | | | |  | | | | |  |
| **n** | **Number of Stories:** | | | | |  | | | | |  |
| **o** | **Life Safety Systems: (check all that apply)** | | | | | | | | | |  |
|  |  | **Fire Alarm** | |  | | | | | | |  |
|  |  | **Fire Sprinkler** | |  | | | | | | |  |
|  |  | **Standpipe** | |  | | | | | | |  |
|  |  | **Other:** | |  | | | | | | |  |

**File:** BCA-Form 02 Plans Review-Request to BCA.docx