



**MOREHEAD CITY**  
**PLANNING & INSPECTIONS DEPARTMENT**  
 1100 BRIDGES STREET  
 MOREHEAD CITY, NC 28557  
 EMAIL MHCPI@MOREHEADCITYNC.ORG  
 TEL (252)726-6848 Ext. 125  
 FAX (252) 499-0021

**COMMERCIAL APPLICATION FOR BUILDING PERMIT**  
**MEMORANDUM**

TO: Applicants  
 SUBJECT: Application Procedures

**You will need to submit a completed and signed application form OR apply through the permit portal at <https://twn-moreheadcity-nc.smartgovcommunity.com/Public/Home> and submit the following information. For an access code for the portal, please contact Planning and Inspections.**

1. A **PDF (digital) set of building plans** (sealed by an engineer, if required by Building Code);
2. Completed Appendix B for **new projects**, not renovations.
3. (a) A PDF (or hard copy if smaller than 11 x 17) site plan or survey (**drawn to scale**), indicating placement of proposed new construction and all other existing structures located on the lot (to include, but not limited to, fireplaces, steps, condensing units, etc.) must be attached and include the following:
 

____ show all property lines with dimensions	____ show proposed structure with dimensions
____ label distance to all property lines from existing and proposed structures	____ label road front, rear, and sides
____ show easements, if applicable	____ location of driveway/access
____ flood zone must be labeled on site plan	____ septic tank/drain lines, if applicable
	____ square footage of lot must be shown (not acreage)

*The site has to be checked for zoning (setbacks and maximum lot coverage).*
- (b) Indicate the current location of electric meter and any overhead electric lines;
- (c) An interior floor plan if any walls are being relocated or added. All rooms must be labeled.
4. A copy of well permit and septic tank permit, if applicable.
5. CAMA permit, if applicable.
6. Check Lien Agent Requirements and attach one copy, if required.

\*\*\*\*\*

**Failure to provide ALL of the above-required information will result in the return of the application.**

*The application must be left with the secretary and will be reviewed by Staff. Results of the plan review will be forwarded to the designer of record for revisions or clarifications. Once received, a follow-up review is conducted and, if approved, the permit will be issued. The total turnaround time varies, but generally takes two to four weeks.*

**You will be contacted when the permit is ready for pick-up; no money is accepted until permit is issued.**

*This institution is an equal opportunity provider/employer.*

**CHECKLIST FOR NEW COMMERCIAL PROJECTS**

1 - DISCUSS PROPOSAL WITH THE **PLANNING AND INSPECTIONS DEPARTMENT (P&I)**  
726-6848 OPTION 2

2 - FOR "FOOD SERVICE" ESTABLISHMENTS - SUBMIT PLANS, DRAWINGS, SPECIFICATIONS TO **CARTERET COUNTY HEALTH DEPARTMENT** FOR APPROVAL IN WRITING  
728-8499

3 - IN AREAS WITHOUT CITY WATER OR WITHOUT CITY SEWER, CONTACT THE **CARTERET COUNTY HEALTH DEPARTMENT** FOR APPROVAL IN WRITING  
728-8499

4 - SUBMIT COMPLETED APPLICATION, PLANS, DRAWINGS, AND SPECIFICATIONS TO **P&I**  
726-6848 OPTION 2 / [mhcpi@moreheadcitync.org](mailto:mhcpi@moreheadcitync.org) / <https://twm-moreheadcity-nc.smartgovcommunity.com/Public/Home>

5 - OBTAIN INFORMATION WITH REGARDS TO WATER AND SEWER FEES, SIDEWALKS, AND DRIVEWAY PERMITS FROM **PUBLIC SERVICES**  
726-6848 EXTENSION 118 OR 132

THIS IS TO CERTIFY THAT I HAVE READ AND UNDERSTAND THESE REQUIREMENTS AND FULLY UNDERSTAND ALL REQUIREMENTS GIVEN TO ME BY THE APPROPRIATE DEPARTMENTS.  
I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY CAUSE A DELAY IN THE ISSUANCE OF A BUILDING PERMIT OR A DELAY IN THE OPENING OF MY ESTABLISHMENT.

\_\_\_\_\_  
OWNER / AGENT SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\*\*\*THIS FORM TO BE SIGNED AND RETURNED TO THE INSPECTION DEPARTMENT  
WITH COMPLETED CONSTRUCTION PACKET\*\*\*

**TOWN OF MOREHEAD CITY  
COMMERCIAL APPLICATION FOR BUILDING PERMIT**

**Date:** \_\_\_\_\_

**Owner:**

(Printed Name)	(Work Phone)
(Mailing Address, City, State, Zip)	(Home Phone)
<b>E-mail Address:</b> _____	

**Occupant (if different than above):** \_\_\_\_\_

**Construction**

**Site Address:** \_\_\_\_\_

**General:**

(Contractor Name)	(Phone)
(Mailing Address, City, State, Zip)	(License # or N/A)
<b>E-mail Address:</b> _____	

**Electrical:**

(Contractor Name)	(Phone)
(Mailing Address, City, State, Zip)	(License # or N/A)
<b>E-mail Address:</b> _____	

**Plumbing:**

(Contractor Name)	(Phone)
(Mailing Address, City, State, Zip)	(License # or N/A)
<b>E-mail Address:</b> _____	

**Water Treatment:**

(Contractor Name)	(Phone)
(Mailing Address, City, State, Zip)	(License # or N/A)
<b>E-mail Address:</b> _____	

**Mechanical:**

(Contractor Name)	(Phone)
(Mailing Address, City, State, Zip)	(License # or N/A)
<b>E-mail Address:</b> _____	

**Fuel Piping:**

(Contractor Name)	(Phone)
(Mailing Address, City, State, Zip)	(License # or N/A)
<b>E-mail Address:</b> _____	

**Insulation:** \_\_\_\_\_  
(Contractor Name) \_\_\_\_\_ (Phone)  
\_\_\_\_\_  
(Mailing Address, City, State, Zip)  
**E-mail Address:** \_\_\_\_\_

**Refrigeration Piping** \_\_\_\_\_  
(Contractor Name) \_\_\_\_\_ (Phone)  
\_\_\_\_\_  
(Mailing Address, City, State, Zip) \_\_\_\_\_ (License # or N/A)  
**E-mail Address:** \_\_\_\_\_

1) Explanation of Construction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_ Initial here if the proposed improvements requested within this application are within the existing footprint of that which currently exists (e.g. no roofline extension, no structural addition, etc.).

3) If Construction is: Renovation: \_\_\_\_\_ Repair: \_\_\_\_\_ Total \$ Value of Construction: \_\_\_\_\_  
Work will include: Building: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Mechanical: \_\_\_\_\_

4) If Construction is: Addition: \_\_\_\_\_ New Construction: \_\_\_\_\_ Total \$ Value of Construction: \_\_\_\_\_  
Number of Stories: \_\_\_\_\_ Height (from average grade): \_\_\_\_\_  
Overall Dimensions of Construction Area: \_\_\_\_\_  
**Square Footage Information (of area to be built):**

1st floor \_\_\_\_\_ square feet

2nd floor \_\_\_\_\_ square feet

Other \_\_\_\_\_ square feet

**Total heated area to be added:** \_\_\_\_\_ square feet

Accessory Areas: Garage \_\_\_\_\_ square feet

Porch \_\_\_\_\_ square feet

Porch \_\_\_\_\_ square feet

Deck \_\_\_\_\_ square feet

Other \_\_\_\_\_ square feet

Total accessory area to be added: \_\_\_\_\_ square feet

5) Total footprint area covered by roof **(including new AND existing)** \_\_\_\_\_sf

6) Property is located in flood zone: \_\_\_\_\_  
(Flood elevation certificate is due 21 days from time first floor elevation is established: \_\_\_Yes \_\_\_No)

7) Copy of septic tank permit is \_\_\_\_\_ attached; or septic tank permit \_\_\_\_\_ not applicable.

8) Water line size from meter: \_\_\_\_\_ Sewer line size: \_\_\_\_\_

9) Height of building (from average grade to highest point of structure): \_\_\_\_\_

10) Any additional information included with application: \_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

Date

\_\_\_\_\_

(Owner/Agent Signature)

\_\_\_\_\_

(Printed Name)

-----

**Below to be completed by Staff:**

**Property Information:** *(to be completed by staff)* Data Entry By: \_\_\_\_\_ Date: \_\_\_\_\_

Tax Parcel # \_\_\_\_\_ Zoning District \_\_\_\_\_ City limits: Inside \_\_\_\_\_ Outside \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Structure Value: \$ \_\_\_\_\_

CAMA required (yes/no) If yes, CAMA permit #: \_\_\_\_\_

**Zoning Review:**

Setbacks: front \_\_\_\_\_ side \_\_\_\_\_ rear \_\_\_\_\_ corner lot (yes/no) Any encroachments in setback \_\_\_\_\_

Lot size: \_\_\_\_\_ Maximum lot coverage allowed \_\_\_\_\_ Lot coverage after permit issued \_\_\_\_\_

DMC INC (yes/no) Zoning Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE**  
**N.C.G.S. 87 - 14**

The undersigned applicant for a Building Permit, being the

\_\_\_\_\_ Contractor (PRINTED NAME)

\_\_\_\_\_ Owner (PRINTED NAME)

\_\_\_\_\_ Officer/ Agent of the Contractor or Owner (PRINTED NAME)

do hereby aver under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

\_\_\_\_\_ has / have three (3) or more employees and have obtained workers' compensation insurance to cover them,

\_\_\_\_\_ has / have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,

\_\_\_\_\_ has / have one or more subcontractor(s) who has / have their own policy of workers' compensation covering themselves,

\_\_\_\_\_ has / have not more than two (2) employees and no subcontractors,

while working on this project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**NC Administration & Enforcement ©**

## Frequently Asked Questions: Lien Agents liensnc.com

**Q:** Does the Lien Agent law apply to commercial construction?

**A:** Yes. The requirement applies to any commercial work over \$30,000 as well as to construction of any new residence over \$30,000.

**Q:** If a homeowner is building their own new residence valued over \$30,000 with no other contractor or subcontractors, is a lien agent required?

**A:** Yes.

**Q:** If a homeowner is building their own new residence using a subcontractor whose portion of the work is under \$30,000, is a lien agent required?

**A:** Yes.

**Q:** If a homeowner is building their own new residence using a subcontractor whose portion of the work is over \$30,000, is a lien agent required?

**A:** Yes.

**Q:** If a homeowner is acting as their own contractor, and is not utilizing any subcontractors, to renovate an existing home in which they reside and the renovation will cost over \$30,000, is a lien agent required?

**A:** No.

**Q:** If a homeowner is doing a renovation to an existing home in which they reside and is utilizing a subcontractor whose portion of the work is over \$30,000, is a lien agent required?

**A:** No.

### Filing Location Information

(For use when applying for a building permit or for filing with the system)

**Address:** 19 W. Hargett Street, Suite 507 / Raleigh, NC 27601

(Office Hours: Mon – Fri, 9:00 am – 4:00 pm / Closed for lunch: 12:00 – 1:00 pm)

**Email:** [support@liensnc.com](mailto:support@liensnc.com)

**Fax:** 913-489-5231

**Technical Support:** 1-888-690-7384

*(Technical support available during normal business hours - Answering service available 24/7)*

**APPENDIX B  
BUILDING CODE SUMMARY  
FOR ALL NEW COMMERCIAL PROJECTS**

(Reproduce the following data on the building plans sheet 1 or 2)

Name of Project: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Owner or Authorized Agent: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Owned By:  City/County  Private  State  
 Code Enforcement Jurisdiction:  City \_\_\_\_\_  County \_\_\_\_\_

**LEAD DESIGN PROFESSIONAL:** \_\_\_\_\_

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

**YEAR EDITION OF CODE:** \_\_\_\_\_  
 New Construction  Renovation (Existing Bldg)  Upfit  Alteration

**BUILDING DATA**

**Construction Type:**  I-A  I-B  II-A  II-B  III-A  III-B  
 IV  V-A  V-B  
 Mixed construction:  No  Yes Types \_\_\_\_\_

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

**Standpipes:**  No  Yes Class  I  II  III  Wet  Dry

**Fire District:**  No  Yes

**Building Height:** \_\_\_\_\_ Feet \_\_\_\_\_ Number of Stories  Unlimited per \_\_\_\_\_

**Mezzanine:**  No  Yes

**High Rise:**  No  Yes Central Reference Sheet # (if provided) \_\_\_\_\_

**Gross Building Area:**

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

TOTAL



**ALLOWABLE AREA**

- Primary Occupancy:**  Assembly  A-1  A-2  A-3  A-4  A-5  
 Business  Educational  Factory-Industrial  F-1  F-2  
 High-Hazard  H-1  H-2  H-3  H-4  H-5  
 Institutional  I-1  I-2  I-3  I-4  
**I-3 Use Condition:**  1  2  3  4  5

- Mercantile  Residential  R-1  R-2  R-3  R-4  
 Storage  S-1  S-2  High-piled  
 Utility and Miscellaneous Parking Garage  Open  Enclosed  Repair

**Secondary Occupancy:** \_\_\_\_\_

- Special Occupancy:**  508.2  508.3  508.4  508.5  508.6  508.7  508.8

**Mixed Occupancy:**  No  Yes Separation: \_\_\_\_\_ Hr. Exception: \_\_\_\_\_

Non-Separated Mixed Occupancy (303.1 Exception)  
 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 Mixed Occupancy (303.1/303.2) - 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 <sup>5</sup> AREA	(C) AREA FOR OPEN SPACE INCREASE <sup>1</sup>	(D) AREA FOR SPRINKLER INCREASE <sup>2</sup>	(E) ALLOWABLE AREA OR UNLIMITED <sup>3</sup>	(F) MAXIMUM BUILDING AREA <sup>4</sup>

<sup>1</sup> Open space area increases from Section 506.2 are computed thus:  
 a. Perimeter which fronts a public way or open space having 20 feet minimum width = \_\_\_\_\_ (F)  
 b. Total Building Perimeter = \_\_\_\_\_ (P)  
 c. Ratio (F/P) = \_\_\_\_\_ (F/P)  
 d. W = Minimum width of public way = \_\_\_\_\_ (W)  
 e. Percent of frontage increase  $I_f = 100 [ F/P - 0.25 ] \times W/30 = \underline{\hspace{2cm}} (\%)$

<sup>2</sup> The sprinkler increase per Section 506.3 is as follows:  
 a. Multi-story building  $I_s = 200$  percent  
 b. Single story building  $I_s = 300$  percent

<sup>3</sup> Unlimited area applicable under conditions of Sections Group B, F, M, S, A-4 (507.1, 507.2, 507.3, 507.5); Group A motion picture (507.8); Malls (402.6); and H-2 aircraft paint hangers (507.6).

<sup>4</sup> Maximum Building Area = total number of stories in the building x E but not greater than 3 x E.

<sup>5</sup> The maximum area of parking garages must comply with 406.3.5. The maximum area of air traffic control towers must comply with 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 \_\_\_\_\_ \* Indicate section number permitting reduction

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							
North							
East							
West							
South							
Interior							
Floor construction Including supporting beams & joists							
Roof construction Including supporting beams & joists							
Shafts - Exit							
Shafts - Other							
Corridor Separation							
Occupancy Separation							
Party/Fire Wall Separation							
Smoke Barrier Separation							
Tenant Separation							

## LIFE SAFETY SYSTEM REQUIREMENTS

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

## EXIT REQUIREMENTS

### NUMBER AND ARRANGEMENT OF EXITS

FLOOR, ROOM OR SPACE DESIGNATION	MINIMUM <sup>2</sup> NUMBER OF EXITS		TRAVEL DISTANCE		ARRANGEMENT MEANS OF EGRESS <sup>1,3</sup> (SECTION 1004.1)	
	REQUIRED	SHOWN ON PLANS	ALLOWABLE TRAVEL DISTANCE (TABLE 1004.2.4)	ACTUAL TRAVEL DISTANCE SHOWN ON PLANS	REQUIRED DISTANCE BETWEEN EXIT DOORS	ACTUAL DISTANCE SHOWN ON PLANS

<sup>1</sup> Corridor dead ends (Section 1004.3.2.3)  
<sup>2</sup> Single exits (Table 1005.2.2)  
<sup>3</sup> Common Path of Travel (Section 1004.2.5)

## EXIT WIDTH

USE GROUP OR SPACE DESCRIPTION	(a)	(b)	(c)		EXIT WIDTH (in) <sup>2,3,4,5,6</sup>			
	AREA <sup>1</sup> sq. ft.	AREA <sup>1</sup> PER OCCUPANT (TABLE 1003.2.2.2)	EGRESS WIDTH PER OCCUPANT (TABLE 1003.2.3)		REQUIRED WIDTH (SECTION 1003.2.3) (a÷b) x c		ACTUAL WIDTH SHOWN ON PLANS	
			STAIR	LEVEL	STAIR	LEVEL	STAIR	LEVEL

<sup>1</sup> See Table 1003.2.2.2 to determine whether net or gross area is applicable. See definition "Area, Gross" and "Area, Net" (Section 1002)  
<sup>2</sup> The sprinkler increase per Section 506.3 is as follows:  
     c. Multi-story building I<sub>s</sub> = 200 percent  
     d. Single story building I<sub>s</sub> = 300 percent  
<sup>3</sup> Minimum stairway width (Section 1003.3.3); min. corridor width (Section 1004.3.2.2); min. door width (Section 1003.3.1)  
<sup>4</sup> Minimum width of exit passageway (Section 1005.3.3)  
<sup>5</sup> The loss of one means of egress shall not reduce the available capacity to less than 50 percent of the total required (Section 1003.2.3)  
<sup>6</sup> Assembly occupancies (Section 1008)

**STRUCTURAL DESIGN DESIGN LOADS:**

**Importance Factors:** Wind (I<sub>w</sub>) \_\_\_\_\_  
 Snow (I<sub>s</sub>) \_\_\_\_\_  
 Seismic (I<sub>e</sub>) \_\_\_\_\_

**Live Loads:** Roof \_\_\_\_\_ psf  
 Mezzanine \_\_\_\_\_ psf  
 Floor \_\_\_\_\_ psf

**Snow Load:** \_\_\_\_\_ psf

**Wind Load:** Basic Wind Speed \_\_\_\_\_ mph (ASCE-7-98)  
 Exposure Category \_\_\_\_\_  
 Wind Base Shears (for MWFRS) V<sub>x</sub> = \_\_\_\_\_ V<sub>y</sub> = \_\_\_\_\_

**SEISMIC DESIGN CATEGORY A**

Compliance with Section 1616.4 only?  Yes  No

**SEISMIC DESIGN CATEGORY B, C, & D**

Provide the following Seismic Design Parameters:

**Seismic Use Group** \_\_\_\_\_

**Spectral Response Acceleration** S<sub>MS</sub> \_\_\_\_\_ %g S<sub>M1</sub> \_\_\_\_\_ %g

**Site Classification** \_\_\_\_\_

**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<sub>x</sub> = \_\_\_\_\_ V<sub>y</sub> = \_\_\_\_\_

**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**

OCCUPANCY	WATER CLOSETS		URINALS	LAVATORIES		SHOWERS/ TUBS	DRINKING FOUNTAINS	
	MALE	FEMALE		MALE	FEMALE		REGULAR	ACCESSIBLE

**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, SBCCI, 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     
  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-Value

**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

#### 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

---

---