

CODE AND ZONING WORKSHEETS

NOTES SHOWN IN RED ARE INTENDED TO PROVIDE CLARIFICATION

ZONING ORDINANCE REQUIREMENTS:

Project address if established at this time: _____

Legal Description is provided on sheet: _____

Legal tract of record? Yes No

(If the property is **NOT** a single lot in a recorded subdivision, provide the administrative subdivision number for this property. Do not submit an application if the property must be platted.)

Final Plat Recorded? Yes No (If a final plat is required, do not submit an application for a permit until the Final Plat is approved and recorded. If a final plat is not required, documentation that tract of land is recognized as a legal tract of record must be provided)

Project vicinity and location maps are shown on drawing sheet _____

Provide a vicinity map at a scale appropriate to show the general area in Springfield where the project is located, and a location map at a scale appropriate to show exactly where the project site is located. For projects located within large facilities (shopping malls or hospital complexes for example) provide a building "map" to show exactly where in the building the project is located. Indicate below on which drawing sheets the maps are located.

Site Utilities are shown on sheet _____

Soil Erosion Control Plan is provided on sheet _____

All Easements are shown with corresponding Book and Page denoting where recorded or noted if a platted easement _____

Zoning District _____

Permitted Use _____

(In addition to listing the specific use, provide a brief narrative that describes the intended activities on the site.)

Have all Use Limitations for the specific Zoning District been considered in the design? Yes No

Is a Final Development Plan required? Yes No (If "Yes", Do not submit for a building permit until the Final Development Plan is approved)

Does the proposed use require a Conditional Use Permit: Yes No (If "Yes", Do not submit for a building permit until the Conditional Use Permit is approved)

Is this project a:

Historic Site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Historic District	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landmark	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certificate of Appropriateness was granted on _____ (Insert date)
 is not applicable to this project.

(If a Certificate of Appropriateness is required, do not submit until the project has been reviewed by the Landmarks Board and a Certificate of Appropriateness has been issued)

Bulk and Intensity of Use

Max Building Height; Allowed: _____ Proposed: _____

Max Floor Area Ratio (FAR): Allowed: _____ Proposed: _____

Building Setbacks: (Depending on lot configuration some of these may not be applicable; so indicate by inserting N/A in the appropriate place)

Front Yard: Required by Zoning District: _____ Proposed: _____
Required by Plat: _____
Required from Centerline of R/W: _____

Side Yard: Required by Zoning District: _____ Proposed: _____
Required by Plat: _____
Required from Centerline of R/W: _____

Rear Yard: Required by Zoning District: _____ Proposed: _____
Required by Plat: _____
Required from Centerline of R/W: _____

Vehicle Use Areas Setback (Right-of-Way centerline to):

Required by Zoning Ordinance: _____ Required by Plat: _____ Proposed: _____

Open Space

Open Space: Min. Required: _____ Proposed: _____

Impervious Surface: Max. Allowed: _____ Proposed: _____

Bufferyards and Screening (6-1200)

Bufferyard Required? Yes No

Required Bufferyard: _____ (List the various types of bufferyards required on this project and delineate and label them on the landscape plan sheets)

Screening provided around HVAC Equipment, Refuse Area Enclosures, etc: Yes No

Landscaping (6-1200)

Interior Landscaping required? Yes No

Perimeter Landscaping required? Yes No

(Note: When Bufferyards and/or Landscaping is required, if not completed at time of building final inspection, a Temporary Certificate of Occupancy and Use may be issued provided a Letter of Credit or a Cash Escrow in the amount of the cost of the landscaping is provided to the City. All **required** landscaping must be completed within the time frame stipulated on the Temporary C of O, but in no case shall it exceed 180 days)

Parking

Auto Spaces Required (analysis below): _____ Auto Spaces Provided: _____

Bicycle Spaces Required (analysis below): _____ Bicycle Spaces Provided: _____

Is parking and vehicle use area screening required? Yes No

Exterior Lighting

Exterior Lighting Proposed? Yes No

Photometric Study (Lighting Intensity Plan) Submitted? Yes No

Signs (All new signs or alterations to existing signs, other than to change the copy, requires a separate permit)

Is sign design being submitted as a part of the building plans: Yes No

If "Yes", on which sheet of plans? _____

BUILDING CODE:

Place a check below next to the codes that apply to this project. Fill in the blank below with the pre-app case number (found on the review comments letter sent after the pre-app review meeting).

- IBC 2006 IFC 2006
- IPC 2006 IFGC 2006
- IMC 2006 NEC 2005
- IRC 2006

For projects that have had a pre-application review, provide the pre-application review number below.

PRE-APP # _____

EXISTING BUILDINGS:

- Proposed work complies with IBC requirements for new construction.
- Proposed work complies with IBC Chapter 34 requirements, and Chapter 34 evaluation report with Summary Sheet (Table 3410.7) was submitted with permit application
- Proposed work complies with the IEBC Work Area Compliance Method. Work areas are classified and delineated: on sheet _____ on diagram submitted with permit application.
- Proposed work complies with the IEBC Performance Compliance Method, and Chapter 13 evaluation report with Summary Sheet (Table 1301.7) was submitted with permit application.

USE AND OCCUPANCY CLASSIFICATION (IBC Chapter 3)

Indicate below the use group per the IBC, or, where more than one use group applies (as in a mixed occupancy building), indicate **all** use groups that will occupy the facility. Provide a brief description of the occupant's activity so that the occupancy may be accurately characterized. For example: "wholesale storage and distribution of lumber", or "food preparation for carry out, no seating", or "retail sales of clothing".

Building Code Use group(s): _____

Occupant's Activity: _____

BUILDING HEIGHT AND AREA (IBC Chapter 5)

- Allowable Building Area (per Table 503) _____
- Allowable Building Height (per Table 503) _____
- Proposed Building Area (sq ft) _____ Proposed Building Height (stories) _____
- Sprinkler Increase (per paragraph 506.3) NFPA 13 _____%
- Sprinkler Increase (per paragraph 504.2) NFPA 13R _____

Where building area increases per paragraph 506.1 are proposed, fill in the blanks below to indicate the value of the variables and show the calculation of equation 5-1. Where an area increase per paragraph 503.1 is not proposed, check Not Applicable.

AREA MODIFICATION (per paragraph 506.1) ___ Not Applicable

$A_t = \underline{\hspace{1cm}}$; $I_f = \underline{\hspace{1cm}}$; $I_s = \underline{\hspace{1cm}}$

Area Modification Equation 5-1:

$A_a = \underline{\hspace{10cm}}$

If a mezzanine is proposed on the project, check "Yes" and fill in the blank to indicate to percentage of floor area (mezzanine area divided by floor area); if no mezzanine is included in the project check "No".

Mezzanine proposed? Yes No

Percent of floor area _____

Mixed Occupancy

Separated _____ Non- Separated _____

If separated, provide fire barrier assembly rating (Table 508.3.3) _____

Incidental (Table 508.2) _____ Accessory % _____

TYPE OF CONSTRUCTION and REQUIRED RATED ASSEMBLIES (In compliance with Table 601)

Construction Type _____

Structural frame _____ HR
Exterior bearing walls _____ HR
Interior bearing walls _____ HR
Floor construction (include. beams and joist) _____ HR
Roof construction (include. Beams and joist) _____ HR

(Provide supporting documentation for all rated assemblies)

FIRE-RESISTANCE-RATED CONSTRUCTION (IBC Chapter 7)

For the following, indicate on the blank provided where on the drawing sheets the identified information is provided. The intent is to mandate clear graphic delineation of fire rated assemblies and fire areas. Fire barriers, partitions, walls and horizontal assemblies are to be clearly delineated (with bold line types, for example) and labeled with fire rating and Underwriters Laboratories (UL) Design Number. Fire areas are to be shown and labeled with their area in square feet. This information can be provided on floor plans already included in the construction document set, or on separate plans or diagrams dedicated to this purpose.

Fire barriers, partitions and walls, including shaft enclosures, and fire resistant rated horizontal assemblies, with ratings and Underwriters Laboratories design numbers identified, are shown and delineated as such on drawing sheet(s): _____

Fire areas are delineated, with areas identified, on drawing sheet(s): _____

The above is not applicable. There are no fire rated assemblies on this project

INTERIOR FINISHES (IBC Chapter 8)

For the following, indicate in the space provided, the classification of finishes per ASTM E 84 (see IBC Section 803.1)

Exit enclosures and exit passageways _____
Corridors _____
Rooms and enclosed spaces _____

FIRE PROTECTION SYSTEMS (IBC Chapter 9)

Provide the requested information for each fire area. Add or delete columns as applicable to the project.

	FIRE AREA A	FIRE AREA B	FIRE AREA C	FIRE AREA D
Fire Area (SF):				
Max w/o sprinklers (SF):				
NFPA System Type (13 or 13R):				
Standpipe Proposed? (Y/N)				

MEANS OF EGRESS (IBC Chapter 10)

Egress path(s) are shown, and labeled with length of path and number of occupant's path is designed for, on sheet(s): _____

Occupancy Load per IBC Section 1004.1.1: _____

Design Occupancy Load: _____

Exits Required: _____

Exits Proposed: _____

Max Allowable Exit Access Travel Distance (IBC Table 1016.1): _____ ft

Proposed Exit Access Travel Distance: _____ ft

Min Required Egress Width (IBC Table 1005.1): _____ in

Proposed Egress Width: _____ in

ACCESSIBILITY (IBC Chapter 11)

Accessibility Provided per Chapter 11? Yes No

Accessible Parking Spaces Required (IBC Table 1106.1): _____

Accessible Parking Spaces Proposed: _____

Accessible Dwelling/Sleeping Units Required (IBC Table 1107.6.1.1): _____

Type A Accessible Dwelling/Sleeping Units Provided: _____

Type B Accessible Dwelling/Sleeping Units Provided: _____

of Accessible Seats (Assembly Use Group only): _____

CHAPTER 17 (Special Inspections are subject to approval of the City PRIOR to permit issuance)

Special Inspections Required? Yes No

Details Located on Sheet(s) # _____

FIRE CODE REQUIREMENTS:

Fire hydrants serving this project are shown on sheet: _____

Fire apparatus access roads are delineated on sheet: _____

Location of Portable fire extinguishers are shown on sheet: _____

Fire Flow Calculations for hydrants provided on sheet: _____

If you have any questions relating to these issues, please contact the Department of Building Development Services at 417-864-1059 and ask to speak to a Plan Reviewer.

Commercial Gas/Water Service Data Sheet

Questions? Call 417-831-8888

Site Utility Plan Should Include:

- Location of existing gas and water in R-O-W
- Location of existing gas and water in easement
- Current boundary information and easements of record shown
- Any grading over our gas and water lines
- Other utilities crossing our existing gas and water mains
- Gas and water mains needing to be relocated or lowered
- Proposed gas and water meter location shown
- Structures shown over our gas and water line or easement

Gas Specific Needs

State gas delivery pressure at meter outlet: 7" WC 2 lbs.

Customer piping enters building from meter set? Direct Up to roof

Load table shown with new and existing appliances and corresponding loads.

Water Specific Needs

Fixture demand table shown with new and existing fixtures with total gpm.

Fire service location and size shown (If Available).

Irrigation location shown (Only check one below).

- Gpm demand shown
- Requested meter size

Questions? Call City Utilities Developer Services 831-8888

Send to City Utilities Developer Services (FAX 831-8549)

Commercial Electric Service Data Sheet

Questions? Call 417-831-8888

Service Address _____

Consulting Engineer _____
Mailing Address _____

Service Type Overhead Underground

Voltage Class 1-phase, 120V
 1-phase, 120/240V
 1-phase, 120/208V (available at 3-phase, 120/208V installations only)
 1-phase, 277/480V (available at 3-phase, 277/480V installations only)
 3-phase, 4-wire, 120/208V wye
 3-phase, 4-wire, 120/240V delta (overhead only)
 3-phase, 4-wire, 277/480V wye (underground only)
3-phase, 3-wire, 240V delta is not available

Load Data (kVA) Heating _____ Cooling _____ Seasonal > 10kVA _____
Total Connected _____ Total Demand _____ (Summer Winter)
Largest motor _____ Justify any 3-phase Voltage Class with
(over 10hp) Total Demand > 75 kVA in Other Information.

Drawing Checklist For each property, locate all buildings, firewalls, and service equipment.

For each service, identify each
 main OCP* device(s) and ampacity.
 conduit, gutter, and wire size.

For each meter, identify
 any existing address, Voltage Class, and OCP* device,
 any CT meter on transformer and 1" PVC conduit for meter
communications if applicable.

*OCP – over-current protective device (i.e. disconnect or breaker).

Other Information _____

Questions? Call City Utilities Developer Services 831-8888

Send to City Utilities Developer Services (FAX 831-8549)

PERMIT CONDITIONS

(The following items, if applicable to your project, may be added as notes on the plans and/or included in the project specifications. This information will also be attached to all building permits when issued)

The contractor shall retain floatable and windblown materials on site by storing all trash and building material waste in enclosures until proper disposal at an off-site facility. Contractor shall check adjacent areas daily, and pick up construction waste materials and debris that have blown or washed off-site.

The detention basin, water quality basin and stormwater conveyance facilities shall be fully functional and approved by the City before any other work may begin.

Construction access to the site shall be limited to the approved temporary construction entrance(s) shown on the Sediment & Erosion Control Plan.

Erosion Control devices shall be maintained by the contractor throughout construction project until final completion.

Truncated domes (yellow plates) are required on all ADA ramps of the public sidewalks.
(Refer to the City of Springfield Public Works Standards for details)

Notify Ron Taylor (864-1436) 24 hours prior to construction of driveways.

Notify John Taylor (864-1474) 24 hours prior to excavation in City right of way.

Notify Gary Bass (864-2055) to arrange traffic control 72 hours prior to working in the street right of way.

Notify the Public Works Construction Office (864-2055) 48 hours prior to construction of contractor provided public improvements, and schedule a pre-construction meeting. Failure to do so may cause any or all work to be rejected.

The contractor shall keep rock, mud and dirt off of city streets during construction.

Where driveway entrances are removed, contractor is to restore the sidewalk, curb, gutter, and parkway to the line and grade of the adjoining sidewalk, curb, gutter, and parkway.

Contractor shall provide shot rock at all temporary construction entrances.

The Contractor shall protect any storm inlets that collect and convey stormwater off-site from sediment.

Contractor shall exercise care to prevent damage to any existing street, curb and gutter, sidewalk and driveways.

If you have any questions relating to these issues, please contact the Department of Building Development Services at 417-864-1059 and ask to speak to a Plan Reviewer.