



# City of Manassas

## Building Plan Review

### New Commercial Building Minimum Plan Submittal Requirements

**Submitter must provide the following prior to plan submittal to ensure completeness**

The following checklist is to provide the minimum information needed to complete the initial plan review. This checklist is only a guideline and does not relieve the designer of the responsibility of providing all information needed to assure compliance with all adopted codes. Required information not shown on plans WILL DELAY the building permit issuance.

**To Be Filled Out by Applicant**

Project Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

I understand that an incomplete plan check submittal will result in delays in your plan review process.

Applicant Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

	Documents Required	Applicant Check if Provided	Filled by Staff Provided	
			Yes	No
<b>General</b>	Completed Building Permit Application Form	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drawings must include the Name and Address of the establishment	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Minimum Two (2) Complete Sets of <u>Assembled Plans</u>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drawings are required to possess the original signature & seal of the registered design professional licensed in the Commonwealth of Virginia	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Minimum Drawing Sheet Size is 18" x 24"	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Supporting Documents</b>	Geotechnical Report (Greater than 750 SF or more than one story)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Site Plan (One copy) Showing set-back dimensions, utilities & parking	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Energy Documents showing Compliance of the Building Envelope and Lighting	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Special Inspections Form signed by the Engineer of Record	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Architectural Plans</b>	Detailed Statement of Scope of Work on Cover Sheet	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Code Summary Details: Type Construction; Occupancy; Gross Square Feet; Height; Occupant load calculation & Applicable Code Year	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Life Safety Data: Capacity calculations of all Exits, Travel Distance, Sprinkler and Fire Protection requirements	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify any Hazardous Material Control Area and provide the Materials Safety Data Sheet for each listed hazardous material	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fire Rating Designs required for walls, floor/ceiling, roof/ceiling and shafts	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Calculations showing provision for the minimum required plumbing fixtures	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Floor Plans: Including dimensions and purpose of each room or space	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cross-Sections & Details, with dimensions showing floor to ceiling height and height from floor to the underside of the lowest structural member	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Documents Required	Applicant Check if Provided	Filled by Staff Provided	
			Yes	No
<b>Architectural Plans</b>	Wall Schedule showing wall sections, materials, construction and fire rating	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Door & Window Schedule to include hardware and special locking devices	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Disabled Accessibility Details: Accessible Route, counters, toilets, drinking fountain and fixtures	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Complete stairway details showing tread, riser, guard and handrail dimensions	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Interior Finish Schedule showing material type and rating class all rooms & spaces	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Roof Plan: Showing slope, roof drainage system and scupper dimensions	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Exterior Elevations including material types and construction	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Expanded floor plan and elevations of toilet rooms with dimensions	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Reflected Ceiling Plan with lighting, emergency lights and exit signs	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Structural Plans</b>	Structural Design Loads: Specify Dead & Live loads, Snow, Wind & Seismic loads	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify the minimum soil bearing pressure as designed	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify the design strength of concrete	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Foundation Plan: Include Cross-sections, dimensions, details & footing schedule	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Floor slab details showing slab thickness, elevations and reinforcing	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Structural Framing Plans: Include beams, joists, girders, rafters or truss layouts	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cross-sections of Framing including Details of Structural Connections	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Structural Calculations for Support Beams, Girders, Headers, Columns & Footings	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify Shear Walls: Include details of bracing, strapping, fastening and anchoring	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify locations of concentrated loads (mechanical equipment, etc.) on plans	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Plumbing Plans</b>	Site Utility Plan (if not provided with the civil-site plan) showing: Size & location of Domestic, Fire, Water meter, Sanitary lateral & storm sewer lines	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Plumbing Floor Plan for each floor showing the location of fixtures, water distribution, drain-waste & vent, storm, and gas piping systems, include details, notes and schedules necessary to define the installation	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fixture and equipment schedule showing fixture number & detailed description	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Minimum Required Plumbing Fixture calculations based on occupancy	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify all fixtures on floor plans and riser diagram relative to the fixture schedule	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify the size, slope and type of piping material for each system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drain-Waste & Vent system Riser diagram to include pipe sizes above and below the floor	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Domestic Water system Riser diagram, to include pipe sizes, cold, tempered and hot water systems	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Location and model number of the required Back-flow Prevention device for the Domestic water main serving the building	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Storm system Riser diagram design required for 3.2 inches per hour rainfall	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate roof drains and secondary roof drains/scuppers with areas they impact	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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			Yes	No
Plumbing Plans	Gas riser diagram showing the total input BTUH, pipe sizes, pressure, pressure drop, total length of run and piping material	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Domestic water system calculations showing piping sizes as provided to deliver the required pressure and supply (GPM) to all fixtures (include pressure losses)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Show an expanded view (minimum 1/4" = 1-foot scale) of toilet room floor plan	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Size and location of the required Interceptor provided to prohibit grease, oil, sand or other materials from entering the sanitary sewer system (include manufacturer's shop drawings)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Medical gas floor plans and riser diagram to include the gas type, pipe schedule and details of the venting system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical Plans	Mechanical Floor Plans for each floor showing the ductwork layout, duct sizes, notes, legends, piping schematics and details necessary to define the system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Mechanical Roof Plan showing location of all rooftop equipment and safety railing	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	HVAC Equipment Schedule indicating the CFM capacity, CFM outdoor air, BTUH (KWH) rating for heating & cooling and Electrical Nameplate Data	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Schedule for the Air Distribution Devices showing the delivered CFM at each supply, return and exhaust device	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Condensate Drains, primary and secondary from the unit to the discharge point	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Show the Toilet Exhaust system and the means for make-up air	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Show an expanded view of the mechanical room layout with sufficient scale for details to be ascertained	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Indicate controls for fan shut-down: Emergency, Smoke detection and Signaling	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Show the location of all UL 555-listed fire dampers, ceiling radiation dampers and smoke dampers as required	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Provide the minimum required outdoor air ventilation rate per person based on the occupancy listed in IMC Table 403.3	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide an Air Balance Schedule for the building	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electrical Plans	Electrical Floor plan for each floor showing the location of receptacles, equipment, branch circuits and identification of the supply for each circuit	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lighting Plan Layout for each floor showing the location, type of fixtures showing the branch circuits and identification of the supply for each	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lighting Fixture Schedule identifying each type, voltage and details necessary to define the fixture	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Exit and Emergency Lighting locations and branch circuit identification to each	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify the type of Wiring method(s) for all circuit conductors	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Show the Location of all Motors, HVAC units, Generators, Transformers and other electrical equipment	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Roof plan showing the location of all rooftop equipment and circuit identification	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Indicate the design and/or operation of for any Life Safety system: Emergency generators, smoke detection, egress lighting and fire alarms	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<b>Electrical Plans</b>	Provide a detailed plan of Classified (Hazardous) Areas, the classifications and compliance (i.e. aircraft hangers, waste treatment and collection, flammable dusts, gasses or liquids, spray booths, vehicle servicing and parking, etc.)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	All electrical materials, devices, appliances and equipment are required to be labeled and listed by a Nationally Recognized Testing Laboratory (NRTL)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Riser Diagram</b>	Indicate the number of Services and the physical location of each; clearly indicate the main service disconnect and characteristics	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rating of the service equipment, feeder conductors, panels and conduit sizes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rating of Transformers (KVA) and primary/secondary overcurrent protection	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rating and connection of any Generator and Transfer switch	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Indicate the Size and Methods of the Grounding Electrode Conductor system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Panel Schedules</b>	Rating of panel, voltage, number of phases and main overcurrent protection	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Provide the Fault Current Rating of all panels	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Load Calculations, either total connected or demand load of each panel	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify the Loads, branch circuit, conductor sizes and circuit protection for each circuit within the panel board	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No