

CITY OF CHATTANOOGA

COMMERCIAL PLANS REVIEW

STANDARD
OPERATING
PROCEDURE



PLANS REVIEW

STANDARD OPERATING PROCEDURES (S.O.P.)

The purpose of this document is to inform all concerned of the process involved in plans review for development projects within the City of Chattanooga other than one and two family residential.

Pre-Submittal Meeting

In an effort to improve the efficiency and responsiveness of the process, a system for pre-submittal meetings has been initiated. In attendance are the staff members responsible for review of the site plans (civil drawings) from the appropriate agencies within the city. (SEE attachments H&I) At this time architects, developers, contractors, engineers and/or owners are afforded the opportunity to meet with the reviewers regarding their projects, prior to formally submitting their plans for review.

At this meeting the applicant is asked to make a brief presentation of their project and then the staff reviewers comment and state site specific requirements to be addressed for the project within the scope of their individual responsibilities. In attendance at the pre-submittal meetings are reviewers from Landscaping, Stormwater, Engineering, Traffic Engineering, Waste resources, Urban Forestry and Building Inspection. A site survey worksheet (Attachment A) is given to the applicant in advance, to assist in providing the review staff the information necessary to make the pre-submittal meeting as productive as possible. The applicant is encouraged to ask questions and to contact any member of the review staff for additional assistance. Also, they may schedule another pre-submittal meeting as the project evolves to assure that all requirements for submittal of a complete set of plans have been met.

Plans Submittal Requirements

- 1) Plans are to be submitted to Suite 1000 of the Development Resource Center at 1250 Market Street, between 8:00 AM and 4:00 PM (Eastern Standard Time), Monday through Friday.
- 2) Full plan sets include all building plans (architectural, structural, mechanical, gas, electrical, plumbing) and site plans (civil drawings). **SITE PLANS MUST PROVIDE ALL REQUIRED INFORMATION TO BE ELIGIBLE FOR REVIEW.** Plans must be clear and legible and drawn to scale. They must also be signed and sealed, as required by state law. Failure to submit a full set of plans will delay the review process. See Attachment B for contact information.
- 3) Two full sets of a minimum 11" x 17" size, a CD with a PDF of the plans and all accompanying documents and a CD with a PDF of the plans and all accompanying documents (i.e. hydrology, Stormwater Calculation Summary, and NOI or NOC) are required for review.
- 4) Site plans require specific information as prescribed in Attachment C. Site plans will be submitted on size "D" (24 x 36) bond paper.

- 5) Additionally, a completed Land Disturbing Activity Permit, (Attachment D), and a completed Building Permit with a check for plans review (Attachment D-1) are required for submittal.
- 6) Sprinkler plans must be submitted directly to the local Fire Marshall's office on Amnicola Highway.
- 7) Complete sign plans must be submitted directly to the Chief Sign Inspector for review.
- 8) If all required information is provided which meets City standards and policy, the objective is to complete the review process from log-in to issuance of the Land-Disturbing Permit within ten working days.
- 9) See Attachment F for plans review routing.

Plans Review Process

If during the review, a reviewer has a need for further information to complete or approve a set of plans, the reviewer will use the Plans Review Contact Form (Attachment E) to notify all parties concerned of the need for additional information. Prompt response to the request for additional information will assist in the completion of the review process in a timely manner.

To prevent a backlog of plans whose review has extended beyond the expected review period, the Plans Review Contact Form will be used to contact all concerned parties that the review process has been suspended and that the plans, as submitted, may be retrieved at the plans review office. A written notice to this effect will be sent to all parties concerned. (see Attachment J)

If, after 10 working days, the plans are not retrieved, it will be assumed that the plans, as submitted, have no value to the parties involved and the plans will be discarded.

ATTACHMENT "A"

Site Survey Worksheet

Your ability to provide the following information at the Presubmittal Meeting will substantially increase the productivity of the meeting.

The Technical Information Center is an excellent source for much of this information. It is located on the **2nd floor of the Development Resource Center, Suite 2100.**

423-757-5124

- 1) **1) Location of Project**
 - a. a. Street Address # _____ Street Name _____
 - b. b. Nearest Cross Streets _____, _____
 - c. c. Tax Map # _____ - _____ - _____
- 2) **2) Zoning for property involved and for adjacent properties.**
 - a. a. _____ Property
 - b. b. _____ Adjacent Properties
- 3) **3) Are there "special zoning requirements, design criteria, or conditions" on the property?**
 - a. a. If Yes: what are they: _____ (attach a copy of zoning case, design criteria, or Board of Appeals case)
- 4) **4) Locations of Utilities (On property or on adjacent streets)**
 - a. a. Sewer
 - i. City Mains
 - ii. Service Tees, Wyes, stubs
 - iii. Manholes
 - b. b. Power
 - c. c. Water
 - i. Lines
 - ii. Fire service and hydrants
 - d. d. Catch basins
 - e. e. Gas
- 5) **5) Location of Utility Easements (Sewer, Gas, Water, power lines)**
 - a. a. Do they exist? ___ Yes ___ No
 - b. b. Location on Property
- 6) **6) Drainage Easements**
 - a. a. Do they exist? ___ Yes ___ No
 - b. b. Location on Property
- 7) **7) Location of Overhead Power lines. (high voltage, telephone, cable)**
 - a. a. Do they exist? ___ Yes ___ No
 - b. b. Type _____
 - c. c. Location on or adjacent to property
 - i. On Street: _____.
 - ii. Across Property ___ Yes, ___ No
- 8) **8) Publicly owned Trees adjacent to Project**
 - a. a. Existence ___ Yes ___ No
 - b. b. Location in reference to property. _____
- 9) **9) Show Existing Parking & Driveways**
- 10) **10) What is the square footage of:**
 - a. a. Existing Building/s _____
 - b. b. Expansion / New Building/s _____
 - c. c. Warehouse / storage space _____
 - d. d. Retail Space _____

ATTACHMENT "B"
CITY/COUNTY DEPARTMENT **PHONE NUMBERS**

Building Inspection (Plans Review) 423/643-5800
1250 Market Street
Suite 1000
Chattanooga, TN 37402

Development Ombudsman (Engineering) – Ed LeCompte 423/643-5880
1250 Market Street
Suite 1000
Chattanooga, TN 37402

Fire Marshall's Office 423/643-5649
910 Wisdom Street
Chattanooga, TN 37406

Hamilton County Health Department 423/209-8110
921 East 3rd Street
Chattanooga, TN 37402

Environmental Health (Groundwater/Flood) 423/209-7782
1250 Market Street, Suite 1030
Chattanooga, TN 37402

Regional Planning Commission (Zoning) 423/668-2287
1250 Market Street
Suite 2000
Chattanooga, TN 37402

Sanitary Sewer Location 423/643-6033
1250 Market Street, Suite 2100
Chattanooga, TN 37402

Stormwater Management 423/643-5877
1250 Market Street, Suite 2100
Chattanooga, TN 37402

Urban Forestry Inspector/Landscaping – Karna Levitt 423/643-5885
1250 Market Street, Suite 1000
Chattanooga, TN 37402

Traffic Engineering – Ben Taylor 423/643-5957
1250 Market Street, Suite 3030
Chattanooga, TN 37402

ATTACHMENT "C"

Stormwater & Erosion Control Checklist

- Provide Note "**Disturbed Acreage = _____.**"
- Provide **NOI, NOC, or NPDES** permit if Disturbed Acreage is ≥ 1.0 acre.
- Provide Notes "**Preconstruction Impervious Acreage = _____.**"
"**Postconstruction Impervious Acreage = _____.**"
- If construction results in an increase in impervious acreage, provide a Hydrology Report from a TN P.E. (2 copies). The Hydrology reports should provide information as follows:
 1. Model the 2,5,10,25, and 100-year storm events Pre and Post development.
 2. If a runoff increase is calculated ≥ 0.1 CFS for the 2 through 25 yr storm events, then provide detention.
 3. Size pond to detain the 25 yr storm event.
 4. Provide staged release for the 2 through 25 year storm events.
 5. Provide summary table on Page One clearly stating all assumptions and design conclusions.
 6. Demonstrate and provide certification that pond outfall structure or piping operates under inlet control for the 2 through 25 yr storm event if inlet control is assumed.
- Capture and filter the first flush (first $\frac{3}{4}$ inch site rainfall).
- Label all site storm water outfalls and provide energy dissipation (rip-rap, etc.)
- Provide oil skimmers before storm flow reaches the pond or public storm sewer if drainage is from paved parking.
- Provide Note "**Number of Oil Skimmers = _____.**"
- Provide Pond dimensions and volume. An inventory of constructed drainage and Engineers Certification will be required prior to the release of the Certificate of Occupancy.
- Provide a detail drawing of the staged release outlet structure.
- Show pond outfall structures and pipes with pipe sizes and materials.
- Provide a paved emergency spillway for pond.
- Provide Note "**Owners Representative for Erosion Control Maintenance Name and Phone #.**"
- Provide Note "**Site erosion controls shall be checked and if necessary, repaired weekly and within 24 hours after each rainfall $\geq \frac{1}{2}$ ". In the event of continuous rainfall, erosion controls shall be checked daily.**"
- Provide and label a Concrete Truck Washout Area (if concrete is to be used in project).
- Provide Note "**All areas to remain bare > 15 days must be temporarily stabilized.**"
- Provide 100 year flood elevation for pre and post development on Grading, Site and Erosion Control Plan.
- Provide Note "**Project is above the 100 year flood elevation as determined by FEMA flood map _____ Dated Nov 7, 2002**". If a 100-yr flood elevation has not been established, then please state. Note: This may be placed on Grading and Site Plan.
- Please show and label existing floodways as a shaded area. Note: This may be placed on the grading plan.
- Provide a Land Disturbing permit (complete with signature of owner or general contractor) with plans submittal.
- Provide a completed, signed and stamped Stormwater Calculation Summary Sheet with plans submittal.

ATTACHMENT "C" Continued

Stormwater Calculation Summary Sheet



PROJECT NAME
ADDRESS

DATE

HYDROLOGIC METHOD USED :

- Rational
 - Modified Rational
 - SCS
- (Check One)

TOTAL AREA (Acreage)

PRE-CONSTRUCTION CONDITIONS

Pervious Area, Ac	C or CN Factor
Impervious Area, Ac	C or CN Factor
Time of Concentration	Method for Tc

POST-CONSTRUCTION CONDITIONS

Pervious Area, Ac	C or CN Factor
Impervious Area, Ac	C or CN Factor
Time of Concentration	Method for Tc

RUNOFF RESULTS

Storm Event	Pre-Development Peak Flowrate, cfs	Post-Development Peak Flowrate, cfs	Routed (detention) Flowrate, cfs
2 year			
5 year			
10 year			
25 year			
100 year			

DETENTION VOLUME REQUIRED, cubic feet

MULTI-STAGE OUTLET REQUIRED

FIRST FLUSH VOLUME, cubic feet

WATER QUALITY TREATMENT METHOD

- Yes No (check)

PROFESSIONAL ENGINEER CERTIFICATION

NAME

SIGNATURE

TN PE LICENSE

Engineer's Seal Here



City of Chattanooga, TN

Land Development Office

Plans Review Services

1250 Market Street • Suite 1000 • Chattanooga, TN 37402

Phone: (423) 643-5800 Fax: (423) 643-5848

COMMERCIAL BUILDING PERMIT APPLICATION

Not Refundable

(OFFICE USE ONLY) Permit No. Plan Review Fee (if applicable) \$ Site Assessment Fee (if applicable) \$ Permit Fee \$ Double Fee (if applicable) \$ Technology Fee \$ Admin Fee \$ Certificate of Occupancy Fee \$ TOTAL FEE \$

Contract Value of Work: \$ Fee Adjustment \$ Approved By: PROPERTY ADDRESS Number and Street Name Suite / Unit Number Zip Code State Tax Map Number Lot Number Sub division Name Ownership is: Private Public (Government) Title of Project: Name Mailing Address - Number, Street, City, ST & Zip Code Telephone Number Property Owner Company First Last Occupant / Tenant Company First Last Agent Company or Relationship to Appl. First Last Engineer or Architect Company First Last TN State Lic. # County Lic. # City Business Lic.# Contractor Company First Last TN State Lic. # County Lic. # City Business Lic.# Worker's Comp? Yes Exempt

APPLICANT IS: Owner Contractor Architect Engineer Tenant Agent

WORK DESCRIPTION Proposed Starting Date: Completion Date: New Construction Addition Alteration Repair / Replace Moved Structure Use & Occupancy

3-4 Family Residential Educational (0-12th Grades) Mercantile Structure 5+ Family Residential Factory & Industrial Storage Structure Assembly Structure High Hazard Utility & Miscellaneous Business / Office Structure Institutional Antenna / Tower / Dish / Etc. Temporary Tent Swimming Pool Mixed Use Residential Commercial Assembly Storage / Warehouse

Construction Type I-A I-B II-A II-B III-A III-B IV-HT V-A V-B

Fire Sprinklered: Yes No Sewer Microfiche #: ZONING: Adjacent Property Zoning

NEW BUILDING/STRUCTURE SIZE: Width: Depth: Height: Stories: AREAS: New Const. sq. footage: Existing sq. footage: Additional sq. footage: Conditional Zoning: Yes No Zoning Case #: Number of Tenant Spaces / Apts.: Design Occupant Load:

Finished Floor Elevation: ft. Description of Work (fill out in detail):

COMPLETE APPLICATION ON REVERSE SIDE



City of Chattanooga, TN
Land Development Office
Plans Review Services

1250 Market Street • Suite 1000 • Chattanooga, TN 37402
Phone: (423) 643-5800 Fax: (423) 643-5848

Plan Requirements	Response			Reason If Requirement Not Met or N/A
Recorded Plat or Survey Stamped & Signed by Lic. Surveyor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Site Plan w/adjacent property shown, buildings correctly located and labeled w/compass orientation of parcel shown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
All dimensions of property lines, buildings & setbacks shown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Location and dimensions of easements and utilities shown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Flood elevations shown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Curb, gutter, sidewalk plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Parking layout w/entrances, exits, labeled spaces for handicap, regular and van and parking ratios shown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Landscaping layout or note as to why not applicable shown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Building Code Synopsis on cover page	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Location and case number of all granted variances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Dumpster Area w/enclosure detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Construction entrances and exits shown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Concrete wash-out area shown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Street names and property relationships to streets and all R.O.W.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Label all rooms and spaces as to use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Label all rated walls & partitions – Ext. & Int.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Show all openings in int. & ext. walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Door, Window finish schedule	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Plan view of footing layout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Sectional of footings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Roof Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Roof framing plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Complete elevation drawings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Complete sectional drawings inc. ext. & int. vertical walls, sill, beam details, cornice and stairways	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Electrical drawings including riser diagram	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Mechanical drawings including riser diagram	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Plumbing including riser diagram and/or gas piping drawings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Plan view and dimension restrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Show required turning radius in restrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

PLANS REVIEW INFORMATION (For Office Use Only)

Sewer Verification: Septic Dye Test Sewer

Flood District No Yes

Elevation: _____ ft.

FIRM Map No. _____

Elevation Certificate No Yes

Historic District: No Yes

Which Historic District: _____

Overlay District: No Yes

Fire District: No Yes

P.U.D. No Yes

Variance Granted No Yes

Case Number: _____

Federal Classification Code: _____

This document becomes the Building Permit when signed for or by the Building Official. Permit shall become invalid if authorized work is not commenced within thirty (30) days after issuance of if work is suspended or abandoned for a period of six (6) months. This permit is issued with the distinct understanding that the building for which this permit is issued is to be built in strict accordance with all adopted codes of the City of Chattanooga, Tennessee. Persons performing construction work under this permit must observe all Federal, State and local codes. This permit shall become invalid if work is performed other than as described on this document and associated required submittals.

Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within thirty (30) days from the date of issuance. Work authorized by that permit shall be completed within the time frame set forth in the following paragraphs:

FOR BUILDING PERMITS IN THE AMOUNT OF:
 \$0.01 - \$250,000.00 – twelve (12) months
 \$250,000.01 - \$500,000.00 – eighteen (18) months
 \$500,000.01 - \$1,000,000.00 – twenty-four (24) months
 \$1,000,000.01 and up – thirty-six (36) months

The undersigned does hereby declare that the statements contained in this document, those submitted with this document, and on the reverse side hereof, are true and correct to the best of his or her knowledge, information and belief.

Print Name

Owner or Agent Signature

Approved by _____

Plans Review Date

For _____

Building Official



City of Chattanooga, TN

Land Development Office

Plans Review Services

1250 Market Street • Suite 1000 • Chattanooga, TN 37402

Phone: (423) 643-5800 Fax: (423) 643-5848

Permit No. _____

Permit Fee (\$30/acre - \$100 minimum) \$ _____

Double Fee, if applicable \$ _____

Residential Fill Fee \$25.00 (if applicable) \$ _____

Technology Fee \$ _____ 10.00

Admin. Charge \$ _____ 5.00

Certificate of Occupancy Fee \$ _____

TOTAL FEE \$ _____

LAND DISTURBING PERMIT APPLICATION

Not Refundable

Please Print Clearly or Type	Contract Value Of Work: \$ _____		Fee Adjustment: \$ _____		Approved by _____	
	PROPERTY ADDRESS					
	Number and Street Name _____				Suite / Unit Number _____	Zip Code _____
	State Tax Map Number _____			Lot Number _____	Subdivision Name _____	
	Ownership is: <input type="checkbox"/> Private <input type="checkbox"/> Public (Government)					
Name		Mailing Address – Number, Street, City, ST & Zip Code			Telephone Number	
Owner	First _____	Last _____				
	Company _____					E-mail Address: _____
Contractor	First _____	Last _____				
	Company _____		State Lic. # _____	County Lic. # _____	City Business Lic.# _____	Worker's Comp? Yes <input type="checkbox"/> Exempt <input type="checkbox"/>
Engineer	First _____	Last _____				
	Company _____		State Lic. # _____	County Lic. # _____	City Business Lic.# _____	E-mail Address: _____
Applicant / Agent	First _____	Last _____				
	Company or Relationship to Appl. _____					E-mail Address: _____

TYPE OF WORK

New Construction
 Addition
 Alteration
 Clearing Only
 Excavation
 Grading Only
 Demolition Only
 Repair / Replace

PROPERTY OCCUPIED/USED AS ZONED

Institutional
 Industrial
 Residential
 Commercial

Proposed Starting Date: _____
 Projected Completion Date: _____
 This permit will expire on this date if an Extension is not requested in writing within 30-days of termination.

Disturbed Acreage: _____
 For sites 1 acre and over of a larger development, a NPDES Construction Stormwater Permit must be obtained before Issuance of this permit. Please attach a copy of this permit or Copy of the completed Notice of Intent (N.O.I.) to this Application.
 NOI, NPDES or NOC: No Yes

LAND DISTURBING PERMITS ISSUED FOR FILLING IN ON ADJOINING, RESIDENTIAL ZONED PROPERTIES ARE VALID FOR A PERIOD OF ONE-YEAR FROM DATE OF ISSUANCE. IN ADDITION, SPECIAL REGULATIONS APPLY. SEE CITY ORDINANCE 10708.

Preconstruction Impervious Acreage = _____
 Postconstruction Impervious Acreage = _____
 Change in Impervious Acreage = _____
 If construction results in an increase in impervious Acreage, provide a Hydrology Report from a TN P.E. (2 copies)
 Hydrology Report: No Yes

PLANS REVIEW INFORMATION (For Office Use Only)

Zoning Classification: _____
 Adjacent Zoning: _____
 Conditional Zoning: No Yes
 Ordinance/Resolution #: _____
 Flood District: No Yes
 Elevation: _____ ft.
 FIRM Map No.: _____
 Elevation Certificate: No Yes
 Historic District: No Yes
 Which Historic District? _____
 COA:
 Overlay District: No Yes
 Fire District: No Yes
 P.U.D.: No Yes

I certify under the penalty of law that I have examined and am familiar with the information submitted and believe the submitted information to be true and accurate. THE GRANTING OF THIS PERMIT DOES NOT AFFECT ANY RIGHTS THIRD PARTIES MAY HAVE PURSUANT TO DEED RESTRICTIONS, COVENANTS RUNNING WITH THE LAND, OR OTHER PRIVATE ARRANGEMENTS. Persons performing construction work under this permit must observe Tenn. Law. (Pub. Chap. 289 Acts of 1955) providing for precautions to be taken in vicinity of high voltage wires.

 Property Owner or General Contractor (Print)

 Company Name

Signature _____ Date _____

This document becomes the Land Disturbing Activity Permit when signed for or by the Land Development Official and purchase receipt is attached.

By _____
 Land Development Official

ATTACHMENT "E"

Plans review contact form

Used by reviewers during plans review process to gain further information or to notify all parties concerned of permit issuance OR suspension of review.

PROJECT NAME _____

PROJECT ADDRESS _____

PRIMARY CONTACT _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

E-MAIL ADDRESS: _____

PROPERTY OWNER _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

E-MAIL ADDRESS: _____

ARCHITECT _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

E-MAIL ADDRESS: _____

ENGINEER _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

E-MAIL ADDRESS: _____

CONTRACTOR _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

E-MAIL ADDRESS: _____

ATTACHMENT "F"

PLANS REVIEW ROUTING

PLANS SUBMITTAL REQUIREMENTS
(Pre-Submittal Meeting)



PLANS SUBMITTED AND LOGGED IN



TECHNICAL SITE REVIEW
(See Attachment G)



SITE REVIEW (Civil Drawings)
(See Attachment H)

- • Engineering
- • Urban Forestry
- • Traffic Engineering
- • Sanitary/Combined Sewer
- • Stormwater Management
- • Landscaping



LAND DISTURBING PERMIT MAY BE ISSUED AT THIS TIME



BUILDING REVIEW
(See Attachment I)

- • Architectural
- • Structural
- • Fire/Life Safety
- • Mechanical
 - • Gas
 - • Electrical
 - • Plumbing

PLANS APPROVED



BUILDING PERMIT ISSUED



↓ CONSTRUCTION & INSPECTION

CERTIFICATE OF OCCUPANCY

ATTACHMENT "G"

SITE REVIEW

Plans are checked for the following site requirements:

- • Location Map
- • Street Name and Address
- • Copy of Current Tax Map
- • Name & Address of Owner/Developer
- • Engineer/Preparer & Contact w/Phone Number
- • Title of Project w/Address & Parcel Number
- • Date of Preparation and all Revisions
- • Legend
- • Graphic Scale(Not less than 1" = 40')
- • Labeled Buildings Correctly Located
- • Compass Orientation of Lot
- • Property Zoning
- • Zoning of Adjoining Properties
- • Building Dimensions w/sq. ft.
- • Boundary Lines w/Lot Dimensions
- • Location & Size of all Utilities including Storm and Sanitary Sewers
- • Property Relationships to Streets and All Rights-of-way
- • 100 Year Flood Elevation
- • Location & Size of all Easements
- • Setback Dimensions

ATTACHMENT “H”

Site review

- • **ENGINEERING – Ed LeCompte – 423/643-5880**

Reviews plans for requirements regarding streets, curbs, gutters, sidewalks and subdivisions and re-platting of properties.

- • **URBAN FORESTRY – Karna Levitt – 423/643-5885**

Reviews plans to determine if project will impact on publicly owned trees. Reviews street yard tree plantings for compliance with utility line requirements and coordinate with streetscape projects.

- • **TRAFFIC ENGINEERING – Ben Taylor – 423/643-5957**

Reviews plans for impacts to local traffic, access to the site, capacity required for parking lots, and requirements for handicap parking in compliance with city codes and zoning ordinances.

- • **SANITARY/COMBINED SEWER – Eric Douglas – 423/643-5814**

Reviews plans for impact on and use of the city’s sewer system.

- • **STORMWATER MANAGEMENT – Mark Heinzer – 423/643-6023**

-

Reviews plans for compliance with stormwater ordinance and for compliance with erosion control measures.

- • **LANDSCAPING – Karna Levitt – 423/643-5885**

Reviews plans for compliance with landscape ordinance.

ATTACHMENT "I"

Building review

Contact: Dallas Rucker 423/643-5802

**Plan requirements are available in the Development Resource Center,
Suite 1000, 1250 Market Street.**

**The Code Synopsis shall be in compliance with Appendix F of the Tennessee
Architectural and Engineering Handbook (at back of this booklet).**

- • **ARCHITECTURAL**

Review to insure compliance with International Building Code, Accessibility Code (physically disabled), Council of American Building Officials, and ICC Energy Code. Please include Life Safety Plan.

- • **STRUCTURAL**

Review to insure compliance with structural load requirements per occupancy, snow, wind, and seismic loading.

- • **FIRE/LIFE SAFETY**

Review to insure compliance with Life Safety Code, and International Fire Code.

- • **MECHANICAL**

Review to insure compliance with International Mechanical Code.

- • **ELECTRICAL**

Review for compliance with the National Electrical Code.

- • **PLUMBING**

Review for compliance with the International Plumbing Code.

- • **SIGN**

Review for compliance with local sign ordinance.

ATTACHMENT "J"

NOTICE OF PLANS REVIEW SUSPENSION

Letter of Notification

Date: _____

BY CERTIFIED MAIL
Return Receipt # _____

To: _____

From: The Plans Review Committee

Re: Site Development Plan for: _____; Tax Map Number ____ ____ ____

We have reviewed the plan submitted and the following deficiencies require your action:

Incomplete or missing Sanitary Sewer Plan. Eric Douglas: 423-643-5814
Comment:

Incomplete or missing Stormwater Plan. Mark Heinzer: 423-643-6023
Comment:

Incomplete or missing Landscape Plan. Karna Levitt: 423-643-5885
Comment:

Incomplete or missing Parking Plan. Ben Taylor: 423-643-5947
Comment:

Incomplete or missing Urban Forestry Plan. Karna Levitt: 423-643-5885
Comment:

Incomplete or missing Street Improvements Plan. Ed LeCompte: 423-643-5880
Comment:

Incomplete or missing Building Plan: Perry Mayo or John Haustein: 423-643-5800
Comment:

You were last contacted on _____ by _____ requesting attachments or revised plans reflecting the deficiencies noted above. To date we have not received the requested attachments or plans. You must submit the plans within ten (10) days of receipt of this letter to retain your plans in the active review process.

If the project has been indefinitely delayed or canceled, please notify Perry Mayo or David Mumpower with the details and the plan will be removed from the review system. Perry Mayo or David Mumpower: 423-643-5800.

Please note that a pre-submittal review opportunity is available to anyone interested. We offer this service with the goal of speeding the plans review/permitting process. We look forward to assisting you with the completion of your project.

Sincerely,

The Plans Review Committee

APPENDIX F

COVER SHEET FOR PLANS SUBMISSIONS

PROJECT NAME:

PROJECT ADDRESS:

PROJECT DESCRIPTION (Scope of Work):

FIRE DISTRICT:

PROJECT CONTACT PERSON: (Registered Architect or Professional Engineer in Responsible Charge)

ARCHITECTS/ENGINEERS/LANDSCAPE ARCHITECTS: List all names and pertinent information for each registrant (architect, engineers, and landscape architect) involved in the project. Include each engineering discipline represented in the project (civil, electrical, mechanical, plumbing, structural)

Name: _____

Company Name: _____

Phone (including area code): _____ (ofc.)

_____ (fax)

E-Mail Address (if applicable) _____

Tennessee License Number: _____

Design Codes/Edition ICC _____ SBCCI _____ NFPA _____

Handicapped Code Edition Used NCHC _____ CABO/ANSI _____

Type of Construction ICC _____ SBCCI _____ NFPA _____

Occupancy Group(s) ICC _____ SBCCI _____ NFPA _____

Number of Stories (excluding basement unless educational or assembly occupancy) _____

Height of Building from Average Grade _____

Building Area Per Story _____ Existing _____ Proposed _____

Occupant Load Per Floor ICC _____ SBCCI _____ NFPA _____

Required Exit Width Per Floor ICC _____ SBCCI _____ NFPA _____

Number of Parking Spaces Required _____ Proposed _____ Handicapped _____ Van _____

Fire Protection hourly ratings for all structural components and separation of hazards components required by the applicable building code.

_____ Edition of the SBC _____ Edition of the IBC

_____ Columns

_____ Beams

_____ Walls

_____ Floor/Ceiling

_____ Roof/Ceiling

_____ Roof Covering

_____ Corridors

_____ Shaft Enclosures

_____ Stair Enclosure

_____ Tenant Separations

_____ Occupancy Separations

Sprinkler System Type _____ Standpipe System _____

APPENDIX F Continued

Fire/Smoke Alarm System: _____

Abbreviations Used and Meaning: _____

WATER SUPPLY DATA (FROM NEAREST HYDRANT TO SITE)

Provide the following flow test data on the plans for hydrant(s) used to meet the 500 feet or less hose lay requirement in accordance with the local authority having jurisdiction. [State Fire Marshal's Office Policy based on NFPA 24 4.2.1]. Show flow test data next to the hydrant tested. Flow test must have been conducted within the last six months from start of design process.

a. Static pressure _____ psi

Residual pressure _____ psi (20 psi minimum)

Flow _____ gpm (500 gpm minimum)

Tennessee Department of Environment and Conservation Rules and Regulations 1200-5-1-.17, paragraph 18.

b. Party responsible for taking test (name and address)

c. Date test taken: _____

Time test taken: _____ am/pm

c. Elevation of test hydrant: _____

General Notes:

- Identify use of rooms and spaces.
- Show area increase calculations per SBC 503.3 and SBC 503.4 or ICC
- Show wall ratings on structural, mechanical, plumbing, electrical, and fire protection drawings.
- Provide design live load values on plans for wind, snow, roof, floor, stairs, guard and hand railings, seismic per SBC 1607.1.2, etc. [SBC Chapter 16] or ICC
- Identify any exceptions/appeals/equivalencies and authority granting approval.

Note: This plans cover sheet was developed during discussions with the State Fire Marshal's Office and local Codes Enforcement Officials and should be used as a guideline when submitting plans to the designated reviewing authority.