



Qualifying Questions

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Summary

Please select your transaction type*

Building Permit Application



Please select one of the following (Project Type):*

☐

Existing Building

☒

New Construction

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Please select your transaction type*

Demolition Permit Application

Please select one of the following (Project Type):*

- ☐ Partial Demolition
- ☒ Entire Building Demolition



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*If any fields are blank with an *, you must enter the missing information in the appropriate field. The information listed below is pre-populated from user profile. If the information needs to be updated, please select edit below.*

Select Stakeholder Type

Property Owner Organization

Property Owner Individual

Make selection
and then click
next

Go to screen A or Screen B
depending on selection
made above

Next



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Select Stakeholder Type

Property Owner Organization

Grayed out
(selection from
previous screen)

Search for Stakeholder

Saratoga...

Saratoga County/Saratoga County Sewer Auth...

Saratoga County/Saratoga County Water Auth...

☐ Check this box to change or update information

☐ Create new record

Organization Name*

Saratoga County

Authority in Charge of the Property

Saratoga County Sewer Authority

Organization Mailing Address Line 1*

105 Washington Ave

Organization Mailing Address Line 2

City*

Albany

State*

New York

Display only if State = New
York

Zip/Postal Code*

12084

County*

New York

Zip +4

1234

Country*

USA

Comments

If edit is clicked, note that
this is the organization
mailing address. Contact
person information is
entered on the next page

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Select Stakeholder Type

Property Owner Individual

Grayed out
(selection from
previous screen)

Search for Stakeholder Name

David



David Hawkins 105 Washington Ave...

John Davidson 99 Smith Street...

☐ Check this box to change or update information

☐ Create new record

If edit is clicked, note that
this is the organization
mailing address. Contact
person information is
entered on the next page

First Name*

David

Middle Initial

Last Name*

Hawkins

Suffix

Telephone Number*

518-123-456

Email Address*

Dhawkins@gmail.com

Mailing Address Line 1*

105 Washington Ave

Zip/Postal Code*

12084

Mailing Address Line 2

Zip +4

1234

City*

Albany

County*

New York

State*

New York

Country*

USA

Comments

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Property Owner Contact Person Information

If any fields are blank with an *, you must enter the missing information in the appropriate field. The information listed below is pre-populated from user profile. If the information needs to be updated, please select edit below.

Select Stakeholder Type

Contact Person

Grayed out (linked
to organization)

Search for Stakeholder Name

David



David Hawkins 105 Washington Ave...

John Davidson 99 Smith Street...

☐ Check this box to change or update information

☐ Create new record

If edit is clicked, note that
this is the organization
mailing address. Contact
person information is
entered on the next page

First Name*

David

Middle Initial

Last Name*

Hawkins

Suffix

Authority in Charge of the Property

Saratoga County Sewer Authority

Job Title*

Telephone Number*

518-123-456

Email Address*

Dhawkins@gmail.com

Property Owner*

Saratoga County

Zip/Postal Code*

12084

Mailing Address Line 1*

105 Washington Ave

Zip +4

1234

Mailing Address Line 2

County*

New York

City*

Albany

Country*

USA

State*

New York

Comments

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Additional Stakeholder Information

If any fields are blank with an *, you must enter the missing information in the appropriate field. The information listed below is pre-populated from user profile. If the information needs to be updated, please select edit below.

Select Stakeholder Type

- Owner's Representative (Organization)
- Primary Contractor (Organization)
- Contractor (Organization)
- Subcontractor (Organization)
- Registered Design Professional (Organization)
- Materials Testing Agency (Organization)
- Other (Organization)

- Owner's Representative (Individual)
- Primary Contractor (Individual)
- Contractor (Individual)
- Subcontractor (Individual)
- Registered Design Professional (Individual)*
- Materials Testing Agency (Individual)
- Other (Individual)

Make selection
and then click
next

Mandatory Stakeholder Entries

- ☐ Property Owner
- ☐ Registered Design Professional
- ☐ Applicant Indicated (Indicate in summary to the left)

Entering an
exception
satisfies the
mandatory
requirement

Property Owner Contact Person

- RDP ☐
- Applicant ☐
- Primary Contractor ☐

Display a summary list of previously entered stakeholders with RDP, applicant and primary contractor Check boxes available. Checking the box pre-populates a screen with information from selected record

You have not entered a contractor for this project. Please note you may submit your application without completing this information, however, a permit application will not be approved until this information has been updated and appropriate insurance forms provided

Only displays
when mandatory
stakeholders
boxes are all
checked. See
pop up as
necessary

Go to screen A or
Screen B
depending on
selection made
above

Click continue to complete
stakeholder entry and move to
next section

Continue

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Select Stakeholder Type

Stakeholder Organization

Grayed out
(selection from
previous screen)

Search for Stakeholder

Search

☐ Check this box to change or update information

☐ Create new record

If edit is clicked, note that
this is the organization
mailing address. Contact
person information is
entered on the next page

Organization Name*

BBL

Organization Mailing Address Line 1*

100 Smith Ave

Organization Mailing Address Line 2

City*

Albany

Comments

State*

New York

Zip/Postal Code*

12084

County*

New York

Zip +4

1234

Country*

USA

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Additional Stakeholder Individual Information

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Select Stakeholder Type

Stakeholder Individual

Grayed out
(selection from
previous screen)

Search for Stakeholder Name

- David
- David Hawkins 105 Washington Ave...
- John Davidson 99 Smith Street...

If edit is clicked, note that this is the organization mailing address. Contact person information is entered on the next page

Check this box to change or update information

Create new record

Insurance Coverage Requirements Exceptions

This is displayed if primary contractor, contractor or sub-contractor type is selected. Triggers upload requirement.

First Name*

David

Middle Initial

Last Name*

Hawkins

Suffix

License # (where applicable)

3232323232

Telephone Number*

518-123-456

Email Address*

Dhawkins@gmail.com

License type

PE RA

Mailing Address Line 1*

105 Washington Ave

Zip/Postal Code*

12084

Mailing Address Line 2

Zip +4

1234

City*

Albany

County*

New York

State*

New York

Country*

USA

Comments

What access rights should this stakeholder be granted:*

- Speak on Behalf of the Owner
- View application/certificate workflow and associated documents
- Modify application and associated documents
- Directly Communicate with NYSDOS
- Schedule Inspections with NYSDOS

By selecting the boxes above, you are authorizing NYSDOS staff to provide access to your profile information, coordinate directly with NYSDOS staff and access to information pertaining to the application, code review, deviation reports, inspection reports, etc. as applicable.

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Organization (Type) Contact Person Information

If any fields are blank with an *, you must enter the missing information in the appropriate field. The information listed below is pre-populated from user profile. If the information needs to be updated, please select edit below.

Select Stakeholder Type

Contact Person

Grayed out (linked to organization)

Search for Stakeholder Name

- David
- David Hawkins 105 Washington Ave...
- John Davidson 99 Smith Street...

If edit is clicked, note that this is the organization mailing address. Contact person information is entered on the next page

Check this box to change or update information

Create new record

Insurance Coverage Requirements Exceptions

This is displayed if primary contractor, contractor or sub-contractor type is selected

First Name* Middle Initial Last Name* Suffix

David Hawkins

License # (where applicable) 3232323232

Oragnization Job Title*

BBL

License type PE RA

Telephone Number* Email Address*

518-123-456 Dhawkins@gmail.com

What access rights should this stakeholder be granted:*

Mailing Address Line 1* Zip/Postal Code*

105 Washington Ave 12084

Mailing Address Line 2 Zip +4

City* County*

Albany New York

State* Country*

New York USA

Comments

- Speak on Behalf of the Owner
- View application/certificate workflow and associated documents
- Modify application and associated documents
- Directly Communicate with NYSDOS
- Schedule Inspections with NYSDOS

By selecting the boxes above, you are authorizing NYSDOS staff to provide access to your profile information, coordinate directly with NYSDOS staff and access to information pertaining to the application, code review, deviation reports, inspection reports, etc. as applicable.

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Building Information

** fields are mandatory*

Search for Building

Search



☐ Check this box to change or update information

☐ Create new record

Building Name*

Mack Shack

Address Line 1*

105 Washington Ave

Address Line 2

City*

Albany

State*

New York

Zip/Postal Code*

12084

Zip +4

1234

County*

New York

Country*

USA

Parcel Tax ID Number*

Previous

If edit is clicked, note that this is the organization mailing address. Contact person information is entered on the next page

Directions to the site

Required field if building selected is not listed under the user profile

Clicking next creates an property owner address type building address

☐ NYSDOS Approval for a building not in Applicants Profile

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Additional Information

Has work covered by this application been started or completed?

☐ Yes ☐ No

If yes please provide a written explanation as to why work was started or completed. Answering yes to this question and providing an explanation is not an authorization to complete work without a permit. No work that requires a permit is permitted to be started without first obtaining a permit from NYSDOS DBSC unless otherwise outlined in regulations.

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Summary

Project Description

Please provide a description of the project:*

Project Type: New Construction

Type of work*

From selection made on
qualifying information page

Only display if project type
is Building Permit Existing
Building. See Drop Down
Worksheet for types of
work.

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Project Description

Please provide a description of the project:*

Project Type: Entire Building Demolition

From selection made on
qualifying information page

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Summary

Occupancy, Heights and Areas

☐ Check this box to change or update information

Select the Proposed Primary Use and
Occupancy Classification (Select only
one):

B

Is this a mixed use building?

☐ Yes

☐ No

Select the type of construction
(Select only one):

VB

Does the building have an
automatic sprinkler system?

☐ Yes

☐ No

Enter the building height in
stories:

Enter the building height in
feet:

Enter the largest floor area in
square feet:

Enter the total floor area in
square feet:

Enter the year the building
was originally constructed:

Will any materials be
abandoned in place?

☐ Yes

☐ No

What materials will be
abandoned in place?

Only available if Demolition
Permit Application

Only available if
previous question is
"Yes"

Comments (Applicant):

Comments (Reviewer):

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Variance Questions

Is a Uniform Code or Energy Code variance required?*

Has the variance been applied for?*

Is there a petition number available?*

Was the variance application approved?*

Are there any previous variances on this property?*

Yes

No

Unknown

Triggers next question only if Yes

Triggered by a "No" to Has a variance been applied for.

Please enter the reason why the variance has not been applied for

Please enter the petition number

☐

Triggers determination upload prior to submission

☐

Triggers determination upload prior to submission

Triggers upload

Triggered only if yes to "Is there a petition number available"

Comments (Applicant):

Comments (Reviewer):

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Site and Utilities

The information listed below that is noted as existing information is pre-populated from your user profile where possible. If any existing information fields are blank with an *, you must enter the missing information in the appropriate field.

☐ Check this box to change or update information

Is the site in a floodplain?*

Yes

☐

No

☐☐

If yes triggers floodplain upload
prior to submission

Is the site in a wetland?*

☐☐☐

If yes triggers wetland upload
prior to submission

Select the water supply type*

Please enter the utility provider

Select the wastewater supply type*

Please enter the utility provider

Select the electrical service types (select all
that apply)

Please enter the utility provider

Select the gas/fuel oil types (select all that
apply)

Please enter a description if other is selected

How will your natural gas or "Other" be
abandoned

Only if other is selected

Select the number of Fuel Oil Tanks

Select the number of Propane Tanks

If natural gas/other
selected and for
demolition permit only

Propane Tank 1

☐

Above Grade

☐

Below Grade

☐

Interior

☐

Exterior

Build this for the
number of
propane and fuel
oil tanks selected

For demolition
permit only

Capacity (US Gallons)

Provider

Tank Location

How will this be
abandoned

Comments (Applicant):

Comments (Reviewer):

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Are there Special Inspections Required for the work being performed?*

Yes

☐

No

☐

If yes triggers drop down and select all that apply

Has the asbestos survey been completed per DOL Rule 56?

Yes

☐

No

☐☐

If yes triggers asbestos report upload prior to submission

If no, please enter why not.
Note: based on the year of construction of this building, an asbestos report will be required prior to issuing a permit.

Enter the estimated Cost of Construction/ Demolition in whole dollars:

Only for demolition permits and when the building was constructed prior to 1974

Substitute your own code review for Checklist Part II?

Yes

☐

No

☐☐

If yes triggers code review upload prior to submission

Only for building permits

Comments (Applicant):

Comments (Reviewer):

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Checklist Part II

Go to additional worksheets

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Uploads

Need to insert uploads page

should pull in list of all uploads based on
previously entered information

Paper application and Fee worksheet
uploads required

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Payment

Payment Transaction Type: Demolition Permit

Amount Due

Amount Received

Overpayment Amount

Refund Due

From selection made on
qualifying information page

Calculated display only

Running total of all
payment amounts
display only

If overpayment is 5.01 or
greater, value appears here

Comments

Payment fee checked and correct. Requested
payment be sent to Albany

☐

Fee Worksheet Included

Payee Information

☐ Check this box to change or update information

Payee First Name*

David

Payee Middle Initial

Payee Last Name*

Hawkins

Payee Suffix

Display in grid format all
payees entered with
payment type, number and
amount

Payee Business Name

BBL

Payee Mailing Address Line 1*

105 Washington Ave

Payee Mailing Address Line 2

Payee Zip/Postal Code*

12084

Payee Zip +4

1234

Payee County*

New York

Payee Country*

USA

Payment Type

*



Check/Money Order/Voucher Number

Check/Money Order/Voucher Amount

Additional Payment/Payee

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Attestation and Submission

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☐

Has the attestation been signed on the application

Confirmed by back office

Cannot click submit unless
box above is checked

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Summary

Shows the listing of everything that was data entered in the application on one screen for the reviewer to see it all in one place (display only). All fields.



Deviation

Failed validations – fees, missing fields (paper), uploads not included, etc.

Manual deviations – code violations

Deviation Report generated from this list

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Code Compliance Checklist Part II

Special Detailed Requirements
Based on Use and Occupancy

General Building Heights and
Areas

Types of Construction

Fire and Smoke Protection
Features

Interior Finishes

Fire Protection Systems

Means of Egress

Accessibility

Interior Environment/Exterior
Walls and Rooftop Structures

Energy Requirements

Structural Design

Soils and Foundations

Construction Materials

Electrical Requirements

Mechanical Requirements

Plumbing Requirements

Fuel Gas Requirements

Elevators and Conveying
Systems

Safeguards During Construction

Special Detailed Requirements Based on Use and Occupancy

Select All That Apply

Cover Mall and Open Mall Buildings
High Rise Buildings
Atriums
Underground Buildings
Motor-Vehicle Related Occupancies
Group I-2
Group I-3
Motion Picture Projection Rooms
Stages, Platforms and Technical Production Areas
Special Amusement Buildings
Aircraft-Related Occupancies
Combustible Storage
Hazardous Materials
H-1, H-2, H-3, H-4, and H-5
Application of Flammable Finishes
Drying Rooms
Organic Coatings
Live/Work Units
I-1, R-1, R-2, R-3 and R-4
Hydrogen Fuel Gas Rooms
Ambulatory Care Facilities
Storm Shelters
Children's Play Structures
Hyperbaric Facilities
Combustible Dusts, Grain Processing and Storage

>>>

<<<

Atriums
Group I-2
Hazardous Materials

Create Code Integration
Table

Launches code integration
pop-up window and builds
grid as shown below

Grayed out for data entry

	Code Compliance Document	Code Integration Section	Plan Sheet/ Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
Atriums	2015 IBC	Section 402.2 Atriums	C-5	N/A		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
Group I-2						<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Materials						<input type="checkbox"/>	<input type="checkbox"/>

Grayed out boxes filled in
from other pop-up window

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Code Integration

Code Compliance Document

Atriums

2015 IBC

Code Integration Section

Section 402.2 Atriums

Group I-2

Hazardous Materials

List From calling page

Selection For:

Atriums

Code Compliance Document

2015 IBC

Search Document

Atrium....

Section 402.2 Atriums

Special Detailed Requirements for atriums.....

Section 1604.5 Structural Design

...atriums shall be designed.....

Additional Rows for multiple
selections as needed

Fill in as selections are made

Drop down list generated by
selections from calling page

Label from Code
Compliance Document
Selected to the left

2015 International Building Code

Section 402.2 Atriums

Special Detailed Requirements for atriums.....

Full text of section displayed here

Make Selection

User will need to make a
minimum of 1 selection for
each drop down item.
Multiple entries are
permitted.

Cannot click until minimum
of 1 selection made for each
drop down. Close window
and return to calling page.

Complete Code
Integration



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General Building Heights and Areas

Provided Pre-populated from part I where applicable

Enter the building height in
stories:

Provided

Allowed

Code Compliance Document

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Back Office Comments

Remove

Deviation

☐☐

Enter the building height in
feet:

Provided

Allowed

Code Compliance Document

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Back Office Comments

Remove

Deviation

☐☐

Enter building area in SF:

Provided

Allowed

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Back Office Comments

Remove

Deviation

☐☐

Is an area increased utilized?

☐ Yes☐ No

Is this a mixed use occupancy?

☐ Yes☐ No

Select all additional uses/occupancies

If yes, additional questions from FA that do not have code
integration associated with them but one main code
integration

Based on selections made, build the
grid as shown below for square foot
per story for each occupancy

Launch Code Integration

Launches code integration
pop-up with associated
questions from above

Cannot click next until code
integration is complete

Grayed out are calculated totals

Square Foot Grid			per story for each
	B	R-2	Total
1			
2			
Total			

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Types of Construction

What is the fire-resistance rating, in hours of each of the following items:

Primary Structural Frame	<input type="text"/>
Bearing Walls (exterior)	<input type="text"/>
Bearing Walls (interior)	<input type="text"/>
Non-Bearing Walls and Partitions (exterior)	<input type="text"/>
Non-Bearing Walls and partitions (interior)	<input type="text"/>
Floor Construction	<input type="text"/>
Roof Construction	<input type="text"/>

Listed design criteria or calculated value

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Single code integration for
all selections above. Button
grayed out until and entry
has been made in each box.

Launch Fire Resistance
Rating Code Integration

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
2015 IBC	Table 2 – Fire Resistance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the separation distance in feet:

Launch Separation
Distance Code Integration

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Are there fire walls? ☐ Yes ☐ No What are the fire-resistance rating(s) in hours:

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select all locations where fire barriers are included in this project * What are the fire-resistance rating(s) in hours:

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select all locations where fire partitions are included in this project * What are the fire-resistance rating(s) in hours:

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select all additional features applicable to this project *

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information to enter on this topic: ☐ Yes ☐ No Please explain:

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Any information to enter on this topic:

☐ Yes

☐ No

Please explain:

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Checking this box displays pop-up asking for confirmation to remove item, click "OK", TYP. All pages

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Is there a Sprinkler System in the building ☒ Yes ☐ No Is it a required system? ☒ Yes ☐ No

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Portable Fire Extinguishers

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a Fire Alarm or Detection System in the building ☒ Yes ☐ No Is it a required system? ☒ Yes ☐ No

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there Carbon Monoxide Detection provided in the building ☒ Yes ☐ No Is it a required system? ☒ Yes ☐ No

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select all additional fire protection systems applicable to this project

*

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information to enter on this topic: ☒ Yes ☐ No

Please explain:

Code Compliance Document	Code Integration Section	Plan Sheet/Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Create Occupant
Load Grid ☐

Checking this box launches the
code integration screen for
occupant load topic

Code Compliance Document Code Integration Section Plan Sheet/Page Number Applicant Comments Back Office Comments Remove Deviation

☐☐

Occupancy Load Grid

B

R-2

Total

Story
1
2

Total

Re-Launch Code
Integration

Upon completing the code
integration page, screen returns
with this table available to fill in.

Create Capacity of
Exits Grid ☐

Create Travel
Distance Grid ☐

Next topic/fillable grid check box is available. Continue
process for all fillable grids for this topic

Select all egress systems applicable to this project

Code Compliance Document Code Integration Section Plan Sheet/Page Number Applicant Comments Back Office Comments Remove Deviation

☐☐

Are there corridors in this building?

☐ Yes

☐ No

Enter minimum corridor width:

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☐☐

Are there any dead ends in this building?

☐ Yes

☐ No

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☐☐

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Accessibility

Which of the following accessible features are included on this project:

- Accessible Parking
- ☐ Yes ☐ No
- Accessible Routes
- ☐ Yes ☐ No
- Accessible Entrances
- ☐ Yes ☐ No
- Accessible Exits
- ☐ Yes ☐ No
- Accessible Elevators
- ☐ Yes ☐ No
- Accessible Bathrooms
- ☐ Yes ☐ No
- Special Occupancies
- ☐ Yes ☐ No
- Accessible Recreational Facilities
- ☐ Yes ☐ No
- Additional Accessible Items
- ☐ Yes ☐ No

Launches code integration
pop-up window and builds
grid as shown below

Create Code Integration
Table

Grayed out for data entry

	Code Compliance Document	Code Integration Section	Plan Sheet/ Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
Parking						<input type="checkbox"/>	<input type="checkbox"/>
Routes						<input type="checkbox"/>	<input type="checkbox"/>
Entrances						<input type="checkbox"/>	<input type="checkbox"/>
Exits						<input type="checkbox"/>	<input type="checkbox"/>
Elevators						<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms						<input type="checkbox"/>	<input type="checkbox"/>
Special Occupancies						<input type="checkbox"/>	<input type="checkbox"/>
Recreational Facilities						<input type="checkbox"/>	<input type="checkbox"/>
Accessible Items						<input type="checkbox"/>	<input type="checkbox"/>

Grayed out boxes filled in
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Interior Environment/Exterior Walls and Rooftop Structures

Any information to enter on this topic:

☐ Yes

☐ No

Please explain:

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Select climate zone:

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☐☐

Select Compliance Path:

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☐☐

Is compliance software used?

☒ Yes☐ No

Select Software:

Multi-select list

>>>

Selection 1
Selection 2

<<<

Only if yes

Grayed out boxes filled
in from other pop-up
window

Grayed out for data entry

Code Compliance
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Selection 1

☐☐

Selection 2

☐☐

Any additional information to enter on this topic: ☒ Yes ☐ No

Please explain:

Code Compliance Document Code Integration Section Plan Sheet/Page Number Applicant Comments Back Office Comments Remove Deviation

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Structural Design

Truss Style Construction (Yes) (No) formatted like fire walls on the fire and smoke protection page with code integration

Is the required structural design information provided for on the plans (Yes) (No) formatted like fire walls on the fire and smoke protection page with code integration if “yes”

If not:

Floor Live Load by Occupancy Grid (open text) formatted like the occupant load grid on the means of egress page with code integration

What is the Risk Category (Drop Down) formatted like the egress systems on the means of egress page with code integration

Roof Live Load (open text) formatted like building area on the general building height and areas page with code integration

Dead Load (open text) formatted like building area on the general building height and areas page with code integration

Snow Load (open text) formatted like building area on the general building height and areas page with code integration

Wind Load (open text) formatted like building area on the general building height and areas page with code integration

Earthquake Loads (open text) formatted like building area on the general building height and areas page with code integration

Seismic Design Category (Drop Down) formatted like the egress systems on the means of egress page with code integration

Soil Lateral Load (open text) formatted like building area on the general building height and areas page with code integration

Rain Load (open text) formatted like building area on the general building height and areas page with code integration

Flood Load (open text) formatted like building area on the general building height and areas page with code integration

Other Load (E.g. window, Dp ratings, concentrated, vehicle, etc.) (Yes) (No) formatted like fire walls on the fire and smoke protection page with code integration

Load Value (open text) formatted like building area on the general building height and areas page with code integration

Load Combinations Used (open text) formatted like building area on the general building height and areas page with code integration

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Is there a geotechnical report provided for this project ☐ Yes ☐ No

☐ Upload report

Triggers a report upload on upload page

If no report provided please select applicable code sections

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Remove

Deviation

☐☐

What type of soils are on site

What is the soil bearing capacity used

Dampproofing and Waterproofing Provided

☐ Yes

☐ No

Prescriptive design employed

☐ Yes

☐ No

Launch Code Integration

Launches code integration pop-up with associated questions from above

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Construction Materials

Select All That Apply

- Concrete
- Aluminum
- Masonry
- Steel
- Wood
- Glass and Glazing
- Gypsum Board, Gypsum Panel Products and Plaster
- Plastic

>>>

<<<

- Concrete

Launches code integration pop-up window and builds grid as shown below

Create Code Integration Table

Grayed out for data entry

Concrete

Code Compliance Document	Code Integration Section	Plan Sheet/ Page Number	Applicant Comments	Back Office Comments	Remove	Deviation
2015 IBC					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Grayed out boxes filled in from other pop-up window

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Electrical Requirements

Is Emergency and/or Standby Power Systems Provided (Yes) (No) formatted like fire walls on the fire and smoke protection page with code integration

What type of system is provided (Drop Down) simple question, no code integration

Is it required? (Yes) (No) formatted like fire walls on the fire and smoke protection page with code integration

Load analysis provided (Yes) (No) simple question, no code integration

If no, why not (open text box) simple question, no code integration

Are one line diagrams provided (Yes) (No) simple question, no code integration

Additional electrical features (open text box) formatted like energy requirements additional information with code integration

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Mechanical Requirements

- Equipment Schedule Provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Load Calculations provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Vent locations identified on drawings (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Exhaust locations identified on drawings (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Ducts, dampers and penetration locations and types specified (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Smoke control provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Make up air provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Environments provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Is there cooking equipment provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Any Alternative heating systems (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Are seismic restraints provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Any Additional Information on this topic (Yes) (No) formatted like energy requirements additional information with code integration

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Plumbing Requirements

- Plumbing fixture schedule provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Plumbing Materials Identified (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Floor drains provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Oil Water Separators provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Grease traps provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Backflow prevention provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Are seismic restraints provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Check boxes to build tables for the following (formatted like occupancy load, travel distance and exit capacity grids on means of egress page)
- Male Water Closets Grid
- Female Water Closets Grid
- Male Lavatories Grid
- Female Lavatories Grid
- Bathtub/Showers Grid
- Drinking Fountain Grid
- Service Sink Grid
- Any Additional Information on this topic (Yes) (No) formatted like energy requirements additional information with code integration

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Fuel Gas Requirements

- Fixture schedule provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Materials Identified (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Ducts, dampers and penetration locations and types specified (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Chimney/Vents/Exhaust locations identified (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes
- Any Additional Information on this topic (Yes) (No) formatted like energy requirements additional information with code integration

Code Compliance Checklist Part II

- Special Detailed Requirements
Based on Use and Occupancy
- General Building Heights and
Areas
- Types of Construction
- Fire and Smoke Protection
Features
- Interior Finishes
- Fire Protection Systems
- Means of Egress
- Accessibility
- Interior Environment/Exterior
Walls and Rooftop Structures
- Energy Requirements
- Structural Design
- Soils and Foundations
- Construction Materials
- Electrical Requirements
- Mechanical Requirements
- Plumbing Requirements
- Fuel Gas Requirements
- Elevators and Conveying
Systems
- Safeguards During Construction



Elevator and Conveying Systems

Are separate plans provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes

Emergency Operations (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes

Accommodates stretcher (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes

Machine Room Provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes

Fire Service Elevator Provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes

Any Additional Information on this topic (Yes) (No) formatted like energy requirements additional information with code integration

Code Compliance Checklist Part II

- Special Detailed Requirements
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Safeguards During Construction

Storage and Placement Plan Provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes

Pedestrian Protection Needed (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration only if yes

Fire Extinguishers Provided (Yes) (No) formatted like fire walls on the fire and smoke protection page, code integration

Any Additional Information on this topic (Yes) (No) formatted like energy requirements additional information with code integration