CITY OF CEDAR RAPIDS
BUILDING CODE SUMMARY
FOR COMMERCIAL PROJECTS

Name of Project: _____

Address: _____Suite #:_____

Lead Design Professional/Project Coordinator: _____ Ph# _____

New Construction: ☐ New Building OR ☐ New Addition

Check all that apply: ☐ Foundation ☐ Shell ☐ Partial Interior ☐ Full Interior

Existing Building: ☐ Repair: ☐ Interior ☐ Exterior

☐ Remodel/Alteration: ☐ Interior ☐ Exterior

☐ Change of Occupancy

NOTE: First Time Interior Completion (Design Professionals and stamped plans are required if they were required on original building design)

NOTE: Zoning Review May Be Required for Change of Use or Occupancy

Any Exterior Work? ☐ No ☐ Yes (ex: signs, facade, door opening, stair, ramp, rails, or outdoor seating)

THIS PORTION TO BE FILLED OUT BY PERMIT TECH; TO BUILDING DATA

Design Professionals required: ☐ *No* ☐ *Yes* ← (APPLIES TO ALL TRADES)

*(IOWA MATRIX) Building Use & Description*_____

☐ *New Construction* ☐ *Non-Structural to Existing* ☐ *Special Alteration Considerations*

Design Build: ☐ *No* ☐ *Yes*

If Yes, What is submitted? ☐ *SITE PLAN* ☐ *BLDG* ☐ *MECH* ☐ *ELEC* ☐ *PLG* ☐ *SEWER* ☐ *ELEC SERVICE* ☐ *UNDERFLOOR PLG*

Executive Lead: _____ **Phone:** _____

Email: _____

ALLOW APROXIMATELY 10 BUSINESS DAYS FOR REVIEW AFTER TRADE SUBMITTAL

BUILDING DATA

THIS SECTION REQUIRED FOR ALL PROJECTS

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

Mixed construction: ☐ No ☐ Yes Types_____

Sprinklers: ☐ No ☐ Yes ☐ NFPA 13 ☐ NFPA 13R ☐ Partially Sprinkled ☐ Special Suppression

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

Fire District: ☐ No ☐ Yes (Fire District Local Ord. 37.10; Type I and II Construction)

Basement: ☐ No ☐ Yes

Mezzanine: ☐ No ☐ Yes

OCCUPANCY INFORMATION

THIS SECTION REQUIRED FOR ALL PROJECTS

Primary Occupancies:

- ☐ Assembly: ☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5
- ☐ Business
- ☐ Educational
- ☐ Factory-Industrial: ☐ F-1 ☐ F-2
- ☐ High-Hazard: ☐ H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5
- ☐ Institutional: ☐ I-1 ☐ I-2 ☐ I-3 ☐ I-4
- ☐ I-3 Use Condition: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Mercantile
- ☐ Residential: ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4
- ☐ Storage: ☐ S-1 ☐ S-2 ☐ High-piled
- ☐ S-1 Special Condition: ☐ Repair Garage (406.6)
- ☐ S-2 Special Condition - Parking Garage: ☐ Open (406.3) ☐ Enclosed (406.4)
- ☐ Utility and Miscellaneous

Previous Occupancy(s): _____

Proposed Occupancy(s): _____

Mixed Occupancy: ☐ No ☐ Yes Separation: _____

Exception: _____

☐ Non-Separated Mixed Occupancy (508.3.2)

☐ Separated Mixed Occupancy (508.3.3)

ALLOWABLE HEIGHT/ACTUAL HEIGHT _____ / _____

ALLOWABLE AREA/TOTAL BLDG SQ. FT. _____ / _____

ALLOWABLE STORIES/ACTUAL STORIES _____ / _____

THIS SECTION MAY NOT BE REQUIRED FOR ALL PROJECTS

TOTAL Existing Building Size: _____ (SQ FT) / With New Addition: _____ (SQ FT)

FLOOR	REMODEL (SQ FT)	NEW/ADDITION (SQ FT)
Basement		
Ground Floor		
Mezzanine		
2nd Floor		
3rd Floor		

Total Area of Project Remodel/Alteration: _____ (SQ FT)

Total Area of New/Addition Construction: _____ (SQ FT)

LOCATION ON THE PROPERTY

THIS SECTION REQUIRED FOR ALL PROJECTS NEW, ADDITIONS, EXTERIOR WALL WORK

DISTANCES IN FEET TO PROPERTY LINES (PL); OTHER BUILDINGS ON THE SAME LOT (BLDG); RIGHT OF WAYS (ROW'S)

NORTH	_____ FEET	Check One:	☐ PL	☐ BLDG	☐ ROW
EAST	_____ FEET	Check One:	☐ PL	☐ BLDG	☐ ROW
SOUTH	_____ FEET	Check One:	☐ PL	☐ BLDG	☐ ROW
WEST	_____ FEET	Check One:	☐ PL	☐ BLDG	☐ ROW

EXIT REQUIREMENTS, OCCUPANT LOAD & LIFE SAFETY

NUMBER AND ARRANGEMENT OF EXITS

THIS SECTION MAY NOT BE REQUIRED FOR ALL PROJECTS

NUMBER OF EXITS REQUIRED: _____

NUMBER OF EXITS PROVIDED: _____

ALLOWABLE TRAVEL DISTANCE: _____ FEET

ACTUAL TRAVEL DISTANCE: _____ FEET

OCCUPANT LOAD: (OCCUPANCY) _____ (OLF) _____ (SUB) TOTAL _____

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OLF = Occupant Load Factor

TOTAL _____

LIFE SAFETY SYSTEM REQUIREMENTS

THIS SECTION REQUIRED FOR ALL PROJECTS

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

PLUMBING FIXTURE REQUIREMENTS

THIS SECTION MAY NOT BE REQUIRED FOR ALL PROJECTS

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

BUILDING DRAIN SIZE	NUMBER OF BUILDING DRAINS	TOTAL FIXTURE UNIT LOAD	WATER SERVICE SIZE	NUMBER OF WATER SERVICES	TOTAL FIXTURE UNIT LOAD	NOTES

ACCESSIBLE PARKING

THIS SECTION MAY NOT BE REQUIRED FOR ALL PROJECTS

LOT OR PARKING AREA	TOTAL # OF PARKING SPACES		# OF ACCESSIBLE SPACES PROVIDED		TOTAL # ACCESSIBLE PROVIDED
	REQUIRED	PROVIDED	REGULAR WITH 5' ACCESS AISLE	VAN SPACES WITH 8' ACCESS AISLE	
TOTAL					

Apply to Change of Occupancy and 20% of the Cost of Alterations IBC 3409.7

Accessible Parking and Route to Structure: ☐ No ☐ Yes

Accessible Route to Primary Function Ares: ☐ No ☐ Yes

Accessible Restrooms and Drinking Fountain: ☐ No ☐ Yes

SPECIAL APPROVALS

(Describe special approvals from local jurisdictions, County or State Department of Health, etc.)