


# BUILDING PLAN REVIEW COVER SHEET

LAND DEVELOPMENT SERVICES – BUILDING DIVISION

Revised: December 13, 2018

	COMMERCIAL	DESIGNER INFORMATION	GENERAL NOTES															
<p><b>Project name:</b> _____</p> <p><b>Project address:</b> _____</p> <p><b>Floor(s):</b> _____ <b>Suite(s):</b> _____</p> <p><b>Work Description:</b> _____</p> <hr/> <p><b>Site-related plan #:</b> _____</p> <p><b>Applicable code:</b> _____ edition-year: _____</p> <p><input type="checkbox"/> <b>Virginia Construction Code:</b> (new commercial, multi-family and R-3 residential construction)</p> <p style="margin-left: 20px;"><input type="checkbox"/> New Building    <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> <b>Virginia Existing Building Code:</b> (existing commercial, multi-family and R-3 residential construction)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Level 1 Alteration    <input type="checkbox"/> Repair</p> <p style="margin-left: 20px;"><input type="checkbox"/> Level 2 Alteration    <input type="checkbox"/> Change of occupancy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Level 3 Alteration    <input type="checkbox"/> Moved building</p> <p style="margin-left: 20px;"><input type="checkbox"/> Historic building    <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> <b>Virginia Residential Code</b> (new and alterations to existing R-5 residential construction)</p> <p><b>Conditions:</b> list below building-related proffers, development conditions, special permits, variances</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">Condition</th> <th style="width: 20%; text-align: center;">Drawing # reference</th> </tr> </thead> <tbody> <tr><td>1) _____</td><td></td><td></td></tr> <tr><td>2) _____</td><td></td><td></td></tr> <tr><td>3) _____</td><td></td><td></td></tr> <tr><td>4) _____</td><td></td><td></td></tr> </tbody> </table> <p>Zoning application #: _____</p> <p><b>Department of Code Compliance case:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes: Case number: _____</p>		Condition	Drawing # reference	1) _____			2) _____			3) _____			4) _____			<p><b>Occupancy/Group(s):</b> _____</p> <p><b>Type(s) of construction:</b> _____</p> <p><b>Number of stories:</b> _____ <b>High rise:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Unlimited area building:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Number of Type A dwelling units (multi-family):</b> _____</p> <p><b>Critical structure:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, attach the Statement of Special Inspections</p> <p><b>For tenant alteration and change of use:</b></p> <p>Purpose of space: _____</p> <p>Gross area per floor: _____ (square feet)</p> <p>Area of work: _____ (square feet)</p> <p>Gross area of tenant space: _____ (square feet)</p> <p>Base building design, code/year: _____</p> <p><b>Fire protection:</b></p> <p>Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>Fire alarm system: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Approved central station: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Standpipes: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Hazardous materials:</b></p> <p><input type="checkbox"/> Combustible liquid    <input type="checkbox"/> Flammable liquid</p> <p><input type="checkbox"/> Other: _____</p> <p><b>High pile storage installed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Fire resistance ratings:</b> (provide design numbers, prescription item number or calculated code section)</p> <p>Floor/ceiling: _____ Roof/ceiling: _____</p> <p>Columns: _____ Beams: _____</p> <p>Corridors: _____ Tenant walls: _____</p> <p><b>Accessibility per ICC/ANSI A117.1:</b> (choose one)</p> <p><input type="checkbox"/> <b>Fully compliant</b> (accessible route to primary function area, including restrooms and drinking fountain)</p> <p><input type="checkbox"/> <b>Technically infeasible</b> (fixture count cannot be reduced; family/accessible restroom is provided)</p> <p><input type="checkbox"/> <b>Upgrades required</b> (up to 20% of cost of alterations)</p> <p>Cost of alterations: \$ _____</p> <p>Cost of upgrades: \$ _____</p> <p>Upgrades provided: _____</p> <p><b>Electrical energy compliance:</b> (choose design alternative)</p> <p><input type="checkbox"/> ANSI/ASHRAE/IESNA Standard 90.1</p> <p><input type="checkbox"/> Virginia Energy Conservation Code</p>	<p>Signed and sealed drawings by a Virginia-licensed registered design professional (RDP) may be required by the Virginia Department of Professional and Occupational Regulation. Learn more by searching for “sealed drawings” on <a href="http://fairfaxcounty.gov">fairfaxcounty.gov</a>.</p> <p><b>RDP signature* and seal required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, signature and seal are provided:</p> <p style="margin-left: 20px;"><input type="checkbox"/> On each sheet</p> <p style="margin-left: 20px;"><input type="checkbox"/> With table of contents (permissible with eplans only)</p> <p><i>* Signatures must be original on paper-submitted plans and electronically-protected in eplans.</i></p> <p><b>Designer information (complete for all applicable trades shown on the drawings):</b></p> <p><b>Building:</b></p> <p>Name: _____</p> <p>Occupation (if not an RDP): _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>License number: _____</p> <p><b>Structural:</b></p> <p>Name: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>License number: _____</p> <p><b>Mechanical:</b></p> <p>Name: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>License number: _____</p> <p><b>Electrical:</b></p> <p>Name: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>License number: _____</p> <p><b>Plumbing:</b></p> <p>Name: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>License number: _____</p> <p style="text-align: center;"><b>DRAWINGS MISSING REQUIRED SEALS OR DO NOT HAVE ORIGINAL OR ELECTRONICALLY-PROTECTED SIGNATURES WILL NOT BE ACCEPTED DURING PERMIT APPLICATION.</b></p>	<div style="text-align: center;">  <p>Seal of Fairfax County, Virginia, 1742</p> </div> <ul style="list-style-type: none"> <li>➤ Failure to fully complete the applicable fields in this cover sheet may result in a failed plan review and subsequent delay in permit issuance.</li> <li>➤ This cover sheet must be submitted on 11x17 paper, eplan or incorporated in the building drawings.</li> <li>➤ Accessibility and energy conservation sections of this cover sheet are certifications endorsed by the applicable designer. Inaccuracies found during plan review must be corrected prior to permit issuance. Inaccuracy found in the field must be corrected prior to subsequent inspections.</li> <li>➤ Once approved, building drawings are subject to any corrections noted therein. Permit issuance does not waive any code requirements not identified during plan review and does not prevent county inspectors from requiring corrections in the field or plan revisions.</li> <li>➤ No changes shall be made to the approved drawings without prior county approval.</li> <li>➤ Residential drawings are not reviewed for mechanical, electrical and plumbing systems. Compliance is evaluated during inspections.</li> <li>➤ Truss shop drawings must be reviewed and approved by the county prior to erection.</li> <li>➤ No inspections will be made unless a printed set of approved drawings, including this cover sheet, are on the job site and available to the inspector.</li> <li>➤ Call Miss Utility at 811, TTY 711 before you dig.</li> <li>➤ Occupancy is not permitted until a final inspection has been approved and, when applicable, a Certificate of Occupancy is issued.</li> </ul>
	Condition	Drawing # reference																
1) _____																		
2) _____																		
3) _____																		
4) _____																		
<b>RESIDENTIAL</b>																		
<p><b>Occupancy/Group:</b> <input type="checkbox"/> R-5 <input type="checkbox"/> R-3</p> <p><b>Building height:</b> _____ (feet)</p> <p><b>Floor or roof trusses:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Masterfile model name:</b> _____</p> <p><b>Utility company easements on site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Problem soils:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, submit soils report</p> <p><b>Affordable dwelling units required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Sound transmission class required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Energy compliance</b> (choose design alternative):</p> <p><input type="checkbox"/> Prescriptive    <input type="checkbox"/> Per REScheck (output must be provided)</p>																		