



City of Manassas

Building Plan Review

New Commercial Building - Electrical Minimum Plan Submittal Requirements

Submitter should provide the following prior to plan submittal to ensure completeness

Project Name: _____ Permit Number: _____

Project Address: _____

	Information Required On Plans	Applicant Check if Provided	Filled by Staff	
			Provided	
General	Completed Electrical 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 Complete Sets of Assembled Plans Submitted with the Building Sets	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drawings are be 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 21" x 30"	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supporting Documents	Site Plan (To including rating in lumens of exterior lighting and fixture schedule)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Energy Documents Demonstrating Compliance of the Lighting System	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans	Floor plan 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 showing the location, type of fixtures and fixture schedule	<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
	Exit and emergency lighting locations and branch circuit identification	<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
	Location of all motors, HVAC units, generators, transformers and equipment	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Number the branch circuits and identify each branch circuit home run	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Riser Diagram	Rating of the service equipment, feeder conductors, conduits and panels			
	Rating of transformers (KVA) and 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
	Size and methods of the grounding electrode conductor and system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Panel Schedules	Size of panel, voltage, phases and main overcurrent protection	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Overcurrent protection and conductor sizes for the branch circuits	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Load calculations, either total connected or demand load of the panel	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify the loads and branch circuit connected to each panel	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

To Be Filled Out by Applicant

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

Applicant Name (Print) _____ Signature _____

Contact Phone _____ Fax _____