



City of Manassas

Building Plan Review

703 257-8278

9027 Center Street Suite 201 Manassas Virginia 20110

Commercial Tenant Lay-out

Minimum Plan Submittal Requirements

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

The following checklist is to provide the minimum information needed to complete the initial plan review. This checklist is only a guideline and does not relieve the designer of the responsibility of providing all information needed to assure compliance with all adopted codes. Required information not shown on plans WILL DELAY the building permit issuance.

To Be Filled Out by Applicant

Project Name: _____ Application Number: _____

Project Address: _____

I understand that an incomplete plan check submittal will result in delays in my plan review process.

Applicant Name (Print) _____ Signature _____

Contact Phone _____ Fax _____

	Documents Required	Applicant Check if Provided	Filled by Staff Provided	
			Yes	No
General	Completed Building Permit Application Form	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drawings must include the Tenant Name and Address, floor and suite number	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Minimum Two (2) Complete Sets of <u>Assembled</u> Plans; Staff will stamp up to five (5) sets of plans without any additional charge.	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	All drawings must be prepared in Ink or equivalent.	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drawings may 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 18" x 24"	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Parking Tabulation: Submission of updated parking tabulation required for all new tenants or changes of use which do not require submission of a site plan.	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Completed Asbestos Affidavit Form	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Completed Accessibility Compliance Form	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Architectural Plans	Code Summary Information:			
	Applicable Code and Code Year used for the design	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Occupancy Group of Tenant and Type Construction of Building	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gross Square Feet of tenant space	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Life Safety Data: Fire Prevention			
	Fire Sprinkler and Monitoring information	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Design Occupant load calculation	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Documents Required		Applicant Check if Provided	Filled by Staff	
			Provided	
	Capacity calculations of all applicable Exits	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Egress Travel Distance and Common Path of Travel Distance	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Architectural Plans	Key Plan of the building indicating the location of work and applicable exits	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fire resistance design of Tenant Separation walls to comply as a Separated Use Group or Use & Area Calculations to comply as a Non-separated Use Group	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify any Hazardous Material Control Area and provide the Materials Safety Data Sheet for each listed hazardous material include the class and quantity	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify the quantity of materials to be stored and provide details of all rack-storage facilities and construction of the rack assembly	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fire Resistance Designs for walls, floor/ceiling, roof/ceiling and shafts when fire rated assemblies are required	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Construction:			
	Detailed Statement of Scope of Work on Cover Sheet	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Floor Plans: Including dimensions and purpose of each room or space	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cross-Sections & Details, with dimensions showing floor to ceiling height and height from floor to the underside of the lowest structural member	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Wall Schedule showing wall sections, materials, construction and fire ratings	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Door and Hardware Schedule to include special locking devices	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Interior Finish Schedule showing material type and rating class all rooms & spaces	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Reflected Ceiling Plan with lighting, emergency lights and exit signs	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Accessibility Details for the Disabled showing Accessible Route, Service Counters, Toilet rooms, Drinking fountain	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expanded floor plan and elevations of toilet rooms with dimensions	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Calculations showing provision for the minimum required plumbing fixtures	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Structure	Identify locations of concentrated loads (i.e. additional mechanical equipment, etc.) and provide calculations demonstrating that the structure is adequate to safely support these loads	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical Plans	Mechanical Floor Plans for each floor showing the ductwork layout, duct sizes, notes, legends, piping schematics and details necessary to define the system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Mechanical Roof Plan showing location of all rooftop equipment and safety railing	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	HVAC Equipment Schedule indicating the CFM capacity, CFM outdoor air, BTUH (KWH) rating for heating & cooling and Electrical Nameplate Data	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Schedule for the Air Distribution Devices showing the delivered CFM at each supply, return and exhaust device	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Condensate Drains, primary and secondary from the unit to the discharge point	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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			Provided	
	Show the Toilet Exhaust system and the means for make-up air	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical Plans	Show an expanded view of the mechanical room layout with sufficient scale for details to be ascertained	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Indicate controls for fan shut-down: Emergency, Signaling, Duct smoke detection and location of detectors	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Show all locations of UL 555-listed fire dampers, ceiling radiation dampers and smoke dampers as required	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Provide the minimum required outdoor air ventilation rate per person based on the occupancy listed in IMC Table 403.3	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Provide an Air Balance Schedule for this tenant	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Detailed drawings of Commercial Cooking Hoods to include the following: Hood dimensions; Hood construction material; Filter size & quantity; Exhaust fan CFM output; Size of exhaust ducts; Means & CFM of make-up air provided; National Research Report showing compliance with UL 710 for factory-built hoods	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing Plans	Plumbing Floor Plan for each floor showing the location of fixtures, water distribution, drain-waste & vent, and gas piping systems; include details, notes and schedules necessary to define the installation	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fixture and equipment schedule showing fixture number & detailed description	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Minimum Required Plumbing Fixture calculations based on occupancy	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify all fixtures on floor plans and riser diagram relative to the fixture schedule	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify the size, slope and type of piping material for each system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drain-Waste & Vent system Riser diagram to include pipe sizes above and below the floor	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Domestic Water system Riser diagram, to include pipe sizes, cold, tempered and hot water systems	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Location and model number of the required Back-flow Prevention device so as to prevent contamination of the domestic water system (cross-connection) from any applicable source	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gas riser diagram showing the total input BTUH, pipe sizes, pressure, pressure drop, total length of run and piping material	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Domestic water system calculations showing piping sizes as provided to deliver the required pressure and supply (GPM) to all fixtures (include pressure losses)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Show an expanded view (minimum 1/4" = 1-foot scale) of toilet room floor plan	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Size and location of the required Interceptor provided to prohibit grease, oil, sand or other materials from entering the sanitary sewer system (include manufacturer's shop drawings)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Medical gas floor plans and riser diagram to include the gas type, pipe schedule and details of the venting system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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			Provided	
Electrical Plans	Floor Plan Layout for each floor 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 Layout for each floor showing the location, type of fixtures showing the branch circuits and identification of the supply for each	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lighting Fixture Schedule identifying each type, voltage and details necessary to define the fixture	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Exit and Emergency Lighting locations and branch circuit identification to each	<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
Electrical Plans	Show the Location of all Motors, HVAC units, Generators, Transformers and other electrical equipment	<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
	Indicate the design and/or operation of for any Life Safety system: Emergency generators, smoke detection, egress lighting and fire alarms	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Provide a detailed plan of Classified (Hazardous) Areas, the classifications and compliance (i.e. aircraft hangers, waste treatment and collection, flammable dusts, gasses or liquids, spray booths, vehicle servicing and parking, etc.)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	All electrical materials, devices, appliances and equipment are required to be labeled and listed by a Nationally Recognized Testing Laboratory (NRTL)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Riser Diagram	Indicate the number of Services and the physical location of each; clearly indicate the main service disconnect and characteristics	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rating of the service equipment, feeder conductors, panels and conduit sizes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rating of Transformers (KVA) and primary/secondary 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
	Indicate the Size and Methods of the Grounding Electrode Conductor system	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Panel Schedules	Rating of panel, voltage, number of phases and main overcurrent protection	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Provide the Fault Current Rating of all panels	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Load Calculations, either total connected or demand load of each panel	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify the Loads, branch circuit, conductor sizes and circuit protection for each circuit within the panel board	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No