



City of Manassas

Building Plan Review

New Commercial Building - Plumbing Minimum Plan Submittal Requirements

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

Project Name: _____ Permit Number: _____

Project Address: _____

	Documents Required	Applicant Check if Provided	Filled by Staff	
			Provided	
General	Completed Plumbing 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
	Site Plan (identifying all utility piping serving the building)	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans	Detailed Statement of Scope of Work on Cover Sheet	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Minimum Required Plumbing Fixtures	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Floor plans (plan view) showing the location of all plumbing fixtures, sanitary, water, storm and gas piping	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Identify the size, slope and type of piping material and location of all required valves	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fixture connection schedule to include waste, vent, gas, hot and cold water connection sizes, include back-flow prevention device and other equipment	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Riser diagrams showing each of the sanitary and water systems separately	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Storm system riser diagram showing as designed for 3.2 inches per hour rainfall	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gas riser diagram showing the total 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	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Medical gas floor plans and riser diagrams including gas type and pipe schedule	<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 _____