



COMMERCIAL PLAN REVIEW CHECKLIST

Permit Number _____

Community Development | 9220 Bonita Beach Road, Suite 111 | Bonita Springs, FL 34135 | Phone: +1 239 444 6150 | Fax: +1 239 444 6140

Plans Examiner: _____ Date: _____
 Owner: _____ Contractor: _____ Phone #: _____
 Design Professional Architect /
 Engineer: _____

I. Building

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Site Requirements | YES | NO | N/A |
| a. Parking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fire access | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Vehicle loading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Driving/turning/radius | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Fire hydrant/water supply/Post Indicator Value (PIV) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Setback/separation (assumed property lines) location of specific tanks, water lines and sewer lines and other structures on site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. D.O. number required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. D.O. approval required before issuance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Show dumpster pad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Building Code Analysis | YES | NO | N/A |
| a. Occupancy group and special occupancy requirements shall be determined..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Minimum type of construction shall be determined (table 500) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Allowable area/building area/height/area modification with calculations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Table 600 requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fire resistant construction requirements shall include the following components: | YES | NO | N/A |
| a. Fire resistant separations..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fire resistant protection for type of construction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Protection of openings and penetration of rated wall..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Fire blocking and draft stopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Calculated fire resistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Fire suppression system shall include: | YES | NO | N/A |
| a. Early warning..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smoke evacuation system schematic..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Standpipes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pre-engineered systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Riser diagram | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Life Safety systems shall be determined and include the following requirements: | YES | NO | N/A |
| a. Occupant load and egress capacities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Early warning..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Smoke control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Stair pressurization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. System schematic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Smoke, heat detectors and pull stations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | 6. Occupancy Load/Egress Requirements shall include: | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| a. Occupancy load..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Gross..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Net..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Means of egress..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Exit access..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Exit..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Exit discharge..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Stair construction/geometry and protection doors..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Emergency lighting and exit signs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Specific occupancy requirements..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Construction requirements..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Horizontal exits/exit passageways..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | 7. Structural requirements shall include: | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| a. Soil conditions/analysis..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Termite protection..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Design loads..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Wind requirements..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *exposure category/importance factor/enclosed or partially enclosed/internal pressure/components & cladding | | | |
| e. Building envelope..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Structural calculations (if required)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Foundation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Wall systems..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Floor systems..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Roof systems..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Threshold inspections plan..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Stair systems..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Wind borne debris protection: impact glass or shutters..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Materials shall be reviewed and shall at a minimum include the following:

- | | | | |
|---|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Steel | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Plastic | <input type="checkbox"/> Glass* | <input type="checkbox"/> Masonry | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Gypsum Board and Plaster | <input type="checkbox"/> Roofing | <input type="checkbox"/> Insulation | |
| <input type="checkbox"/> Insulating (Mechanical) | <input type="checkbox"/> Windows/Door Specs* (including overhead) | | |

*On barrier islands submit the Exterior and Interior Sea Turtle Lighting Standards Verification Form

- | 9. Accessibility requirements shall include the following: | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| a. Site requirements..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accessible route..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Vertical accessibility..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Toilet and bathing facilities..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Drinking fountains..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Equipment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Special occupancy requirement..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| h. Fair housing requirement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Interior requirements shall include the following: | YES | NO | N/A |
| a. Interior finishes (flame spread/smoke develop) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Light and ventilation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sanitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Special systems: | YES | NO | N/A |
| a. Elevators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Escalators..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Lift..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Swimming pools | YES | NO | N/A |
| a. Barrier requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Spas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Wading pools..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Emergency telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Shower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. Electrical*

- | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Electrical | YES | NO | N/A |
| a. Wiring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Services..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Feeders and branch circuits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Overcurrent protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Grounding..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Wiring methods and materials..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. GFCI's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Equipment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Special Occupancies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Emergency Systems..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Communication Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Low-voltage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Load calculations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*On barrier islands where plans include exterior lighting, submit the Exterior and Interior Sea Turtle Lighting Standards Verification Form

III. Plumbing

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | YES | NO | N/A |
| 1. Minimum plumbing facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Fixture requirements..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Water supply piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sanitary drainage..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Water heaters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Vents..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Roof drainage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Back flow prevention..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Irrigation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Location of water supply line / also show on site plan..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Grease traps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 12. Environmental requirements.....
- 13. Plumbing riser.....
- 14. Protection of supply and sanitary piping.....
- 15. Dumpster.....

IV. Mechanical YES NO N/A

- 1. Energy calculations showing address/zone/jurisdiction and correct permitting office.....
- 2. Exhaust systems
 - a. Clothes dryer exhaust.....
 - b. Kitchen equipment exhaust.....
 - c. Specialty exhaust systems.....
- 3. Equipment.....
- 4. Equipment location.....
- 5. Make-up air.....
- 6. Roof-mounted equipment/show fastening detail.....
- 7. Duct systems.....
- 8. Ventilation.....
- 9. Combustion air.....
- 10. Chimneys, fireplaces and vents.....
- 11. Appliances.....
- 12. Boilers.....
- 13. Refrigeration.....
- 14. Bathroom ventilation.....
- 15. Laboratory.....

V. Gas YES NO N/A

- 1. Gas piping.....
- 2. Venting.....
- 3. Combustion air.....
- 4. Chimneys and vents.....
- 5. Appliances.....
- 6. Types of gas.....
- 7. Fireplaces.....
- 8. LP tank location.....
- 9. Riser diagram/shut offs.....

VI. Demolition YES NO N/A

- 1. Asbestos removal.....

VII. Survey YES NO N/A

- 2. Is a specific purpose survey submitted?.....
- 3. Is correct flood zone shown?.....
- 4. Are existing grade elevations shown for structures located in an "A" or "V" zone?.....
- 5. On lots in multiple flood zones, all flood zone lines indicated?.....
- 6. Is property in a flood way?.....
- 7. Is flood way line shown?.....