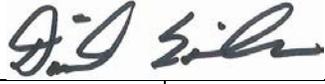




| EDINA BUILDING SAFETY POLICY/INFORMATION ₁ | | | |
|---|---------------|---|-------------|
| Application Submittal Requirements – New Building, Building Addition | | 2015 MSBC 1300.0130 | |
| subject | | code reference | |
| Inspections Department | | approval  | |
| department | | approval | |
| SP-0026-B ₂ | 09/04/2019 | 06/30/15 | 1 of 2 |
| policy number | revision date | effective date | page number |
| 1. All Building Safety sheets adopted by Fire Department and Inspections Department. | | | |
| 2. Sheet numbers with B suffix developed by Inspections Dept. Sheet numbers with F suffix developed by Fire Dept. | | | |



Purpose: Establish submission requirements at the time of permit application to enable accurate, timely review.

Scope: All new commercial buildings and commercial building additions

Site Address: _____

Instructions: A licensed design professional must check the items submitted in the space provided and include a copy of the signed form with all plan submittals. The Building Inspections Department can be reached at 952.826.0372 from 8:00am-4:30pm, Monday through Friday.

| <u>Required for Approval</u> | <u>Check if Submitted</u> | <u>General Items</u> |
|---|---------------------------|--|
| Yes | <input type="checkbox"/> | 1. Service Availability Charge (SAC) determination application submitted to Metropolitan Council Environmental Services |
| May be required Check With Bldg Dept | <input type="checkbox"/> | 2. Edina City Council approval Case # _____ |
| Yes | <input type="checkbox"/> | 3. Watershed District permit |
| Yes | <input type="checkbox"/> | 4. Alta Survey prepared by a MN licensed surveyor |
| Yes | <input type="checkbox"/> | 5. Tree survey and protection plan Ordinance No. 2014-25 |
| Yes | <input type="checkbox"/> | 6. Completed Minnesota Energy Code (MEC) lighting power budget requirements in accordance with the 2015 MN Energy Code |
| Yes | <input type="checkbox"/> | 7. Completed Minnesota Energy Code (MEC) exterior envelope energy calculations in accordance with the 2015 MN Energy Code |
| Yes | <input type="checkbox"/> | 8. Completed Special Structural Testing and Inspection Schedule and SSTIS Guidelines (Note: SST&IS required for all med gas installations) |
| Yes | <input type="checkbox"/> | 9. Geotechnical Report |
| Yes | <input type="checkbox"/> | 10. 800 Mhz radio coverage requirements in accordance with Edina City Code Chapter 10 Article XV |
| Yes | <input type="checkbox"/> | 11. Completed contact list with names, phone numbers, email addresses and physical addresses of building owner, contractor, tenants and all design professionals |

| <u>Required for Approval</u> | <u>Check if Submitted</u> | <u>Plan Requirements</u> |
|--|---------------------------|---|
| Yes | <input type="checkbox"/> | 12. Plans and specifications uploaded with proper naming conventions |
| Yes | <input type="checkbox"/> | 13. Civil Plans to include Erosion Control Drainage and Utility Plans |
| Yes | <input type="checkbox"/> | 14. All sheets are signed by the appropriate design professional (electronic signature is ok) |
| <i>Title sheet or first plan sheet includes:</i> | | |
| Yes | <input type="checkbox"/> | 15. Name and address of building |
| <u>Required for Approval</u> | <u>Check if Submitted</u> | <u>Plan Requirements</u> |

| Code analysis includes: | | |
|------------------------------------|--------------------------|--|
| Yes | <input type="checkbox"/> | 16. Description of occupancy/use |
| Yes | <input type="checkbox"/> | 17. IBC occupancy classification |
| Yes | <input type="checkbox"/> | 18. IBC construction type classification |
| Yes | <input type="checkbox"/> | 19. Number of square feet in space and on building floor |
| Yes | <input type="checkbox"/> | 20. Number of stories above and below grade |
| Yes | <input type="checkbox"/> | 21. Allowable area |
| Yes | <input type="checkbox"/> | 22. Occupant load |
| Yes | <input type="checkbox"/> | 23. Number of required exits and provided exits |
| Yes | <input type="checkbox"/> | 24. Indicate if building is or is not fire sprinklered |
| Yes | <input type="checkbox"/> | 25. Common path of egress travel, measured at right (90 degree) angles |
| Yes | <input type="checkbox"/> | 26. Separated/non-separated uses with supporting information |
| Yes | <input type="checkbox"/> | 27. Plumbing fixture count |
| Building key plan includes: | | |
| Yes | <input type="checkbox"/> | 28. Exit path to the exterior and to the public way |
| Yes | <input type="checkbox"/> | 29. Occupancy classification of adjacent tenants |
| Yes | <input type="checkbox"/> | 30. Location of space in building |
| Yes | <input type="checkbox"/> | 31. Direction indicator (North, South, East or West) with arrow |
| Floor plans include: | | |
| Yes | <input type="checkbox"/> | 32. Scale on each plan and/or detail |
| Yes | <input type="checkbox"/> | 33. Rooms marked with number and room name or use |
| Yes | <input type="checkbox"/> | 34. Fire-rated and smoke-rated assemblies identified using IBC Chapter 7 definitions. |
| Other items: | | |
| Yes | <input type="checkbox"/> | 35. Reflected ceiling plan with exit signs and emergency lighting located |
| Yes | <input type="checkbox"/> | 36. Material specifications |
| Yes | <input type="checkbox"/> | 37. Room finish schedule |
| Yes | <input type="checkbox"/> | 38. Door and hardware schedules, including all locking arrangements |
| Yes | <input type="checkbox"/> | 39. Details of all required accessible components including data on required 20% accessible upgrades |
| Yes | <input type="checkbox"/> | 40. Furniture/fixture/equipment layout plan |

Plans may need to be reviewed and approved by the Planning, Engineering and Health Departments in addition to the Fire and Building Inspections Departments. Plan review time will vary, but in all cases permit applicants should allow a minimum of three weeks of plan review time after application and completed submittals have been forwarded to the Building Inspections Department.

I acknowledge that the items checked on the list above are included on or with the submitted plans:

Print Name _____ Date _____
 Work Phone _____ Cell Phone _____ Email _____
 Company Name _____ Address: _____ Zip _____
 Licensed Design Professional Signature _____