



EDINA BUILDING SAFETY POLICY/INFORMATION <sub>1</sub>			
Application Submittal Requirements – Tenant Finish		2015 MSBC 1300.013	
subject		code reference	
Inspections Department		approval	
department		approval	
SP-001-B <sub>2</sub>	07/03/2018	06/02/2015	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 tenant finish permit application submittals.

**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.

Site Address: \_\_\_\_\_

<u>Required for Approval</u>	<u>Check if Submitted</u>	<u>General Items</u>
May be required - Check with Bldg Dept	<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. Completed Minnesota Energy Code (MEC) lighting power budget requirements in accordance with the 2015 MN Energy Code
May be required - Check with Bldg Dept	<input type="checkbox"/>	3. Structural plans (if applicable)
May be required- Check with Bldg Dept	<input type="checkbox"/>	4. Completed <a href="#">Special Structural Testing and Inspection Schedule</a> and <a href="#">SSTIS Guidelines</a> (Note: SST&IS required for all med gas installations)
Yes	<input type="checkbox"/>	5. 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"/>	6. All sheets are signed by the appropriate design professional.
<i>Title sheet or first plan sheet includes:</i>		
Yes	<input type="checkbox"/>	7. Name and address of building
Yes	<input type="checkbox"/>	8. Space/suite number and tenant name
Yes	<input type="checkbox"/>	9. Floor number
<i>Code analysis includes:</i>		
Yes	<input type="checkbox"/>	10. Description of occupancy/use
Yes	<input type="checkbox"/>	11. IBC occupancy classification

<u>Required for Approval</u>	<u>Check if Submitted</u>	<u>Plan Requirements</u>
<i>Code analysis includes:</i>		
Yes	<input type="checkbox"/>	12. IBC construction type classification
Yes	<input type="checkbox"/>	13. Number of square feet in space and on building floor
Yes	<input type="checkbox"/>	14. Number of stories above and below grade
May be required - Check with Bldg Dept	<input type="checkbox"/>	15. Allowable area
Yes	<input type="checkbox"/>	16. Occupant load
Yes	<input type="checkbox"/>	17. Number of required exits and provided exits
Yes	<input type="checkbox"/>	18. Indicate if building is or is not fire sprinklered
May be required - Check with Bldg Dept	<input type="checkbox"/>	19. Sprinkler certification of building (Required if any part of building is using IBC "fully-sprinklered building" provisions)
Yes	<input type="checkbox"/>	20. Common path of egress travel, measured at right (90 degree) angles
Yes	<input type="checkbox"/>	21. Separated/non-separated uses with supporting information
May be required - Check with Bldg Dept	<input type="checkbox"/>	22. Plumbing fixture count
<i>Building key plan includes:</i>		
Yes	<input type="checkbox"/>	23. Exit path to the exterior or to an exit enclosure
Yes	<input type="checkbox"/>	24. Occupancy classification of adjacent tenants
Yes	<input type="checkbox"/>	25. Location of space in building
Yes	<input type="checkbox"/>	26. Direction indicator (North, South, East or West) with arrow
<i>Floor plans include:</i>		
Yes	<input type="checkbox"/>	27. Scale on each plan and/or detail
Yes	<input type="checkbox"/>	28. Rooms marked with number and room name or use
Yes	<input type="checkbox"/>	29. Fire-rated and smoke-rated assemblies identified using IBC Chapter 7 definitions.
<i>Other items:</i>		
Yes	<input type="checkbox"/>	30. Reflected ceiling plan with exit signs and emergency lighting
May be required - Check with Bldg Dept	<input type="checkbox"/>	31. Material specifications
Yes	<input type="checkbox"/>	32. Room finish schedule (see City of Edina Code Article XII for Public Bathrooms and Restrooms)
Yes	<input type="checkbox"/>	33. Door and hardware schedules, including all locking arrangements
Yes	<input type="checkbox"/>	34. Details of all required accessible components including data on required 20% accessible upgrades
Yes	<input type="checkbox"/>	35. Furniture/fixture/equipment layout plan

Plans may be reviewed and approved by the Planning 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:*

Licensed Design Professional Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Company Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Date \_\_\_\_\_