

# Commercial Project Data

(As per FBC 107 – Submittal Documents)

Application Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

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

Construction Type: \_\_\_\_\_

Occupancy/Use: \_\_\_\_\_

Occupant Load: \_\_\_\_\_

# of Stories: \_\_\_\_\_

Fire Protection Systems: \_\_\_\_\_

Hazard Classification (if applicable): \_\_\_\_\_

List the codes that will apply to this project. (If you already provided them on one sheet, then enter the sheet number below. If they are located on several sheets, please list the codes below.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>SITE</b>	<input type="checkbox"/>	Yes, see drawings.	<input type="checkbox"/>	No site work being done.
<b>TREES</b>	<input type="checkbox"/>	Yes, see drawings.	<input type="checkbox"/>	No trees affected by work being done.
<b>BUILDING (INTERIOR)</b>	<input type="checkbox"/>	Yes, see drawings.	<input type="checkbox"/> <input type="checkbox"/>	No interior work being done. No structural work being done.
<b>BUILDING (EXTERIOR)</b>	<input type="checkbox"/>	Yes, see drawings.	<input type="checkbox"/> <input type="checkbox"/>	No exterior work being done. No structural work being done.
<b>MECHANICAL</b>	<input type="checkbox"/>	Yes, see drawings.	<input type="checkbox"/>	No mechanical work being done.
<b>ELECTRICAL</b>	<input type="checkbox"/>	Yes, see drawings.	<input type="checkbox"/>	No electrical work being done.
<b>PLUMBING</b>	<input type="checkbox"/>	Yes, see drawings.	<input type="checkbox"/>	No plumbing work being done.
<b>GAS</b>	<input type="checkbox"/>	Yes, see drawings.	<input type="checkbox"/>	No gas work being done.
<b>FIRE ALARM</b>	<input type="checkbox"/>	Yes, see drawings.	<input type="checkbox"/>	No fire alarm work being done.
<b>FIRE SPRINKLER</b>	<input type="checkbox"/>	Yes, see drawings.	<input type="checkbox"/>	No fire sprinkler work being done.