

PRELIMINARY PROJECT ANALYSIS (BCBC 2018 EDITION)

(for Building Department review of DP/Rezoning)

Project Name: _____ Date: _____
 Project Address: _____ DP #: _____
 Architect / Engineer: _____ Phone: _____
 Applicant: _____ Phone: _____

Building Area:		Major Occupancy:	Group _____
Proposed Building Area: _____ M2	Total Building Area: _____ M2		Group _____
Building Height: _____ M		Classification:	<input type="checkbox"/> Part 3.2.2. _____
Number of Stories: _____			<input type="checkbox"/> Part 9
Streets Facing:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Parking Garage:	<input type="checkbox"/> One Building <input type="checkbox"/> Separate Building (3.2.1.2)
Sprinklered:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Construction:	<input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible
Standpipes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adaptable Units Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No Units: _____	
Fire Alarm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accessible Parking Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No Stalls _____	
Fire Dept Connection:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Building Code Alternative Solution Required? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Additional project notes/ explanations:
