

The following is a general outline of drawings and documents necessary for plan review (Building Inspection may request additional information if necessary). Two (2) copies of complete set of construction documents is required for Master records.

Documents: There shall be submitted with each application for a building permit:

- ✓ Two copies of a site plan and a plat or survey including:
 - The shape and dimensions of the lot to be built upon including building line, property line, easements, etc. (Scale 1"=20');
 - The location on the lot, dimensions and square footage of any existing buildings or structures, if any;
 - The size and location of the building or structure to be constructed, altered or moved;
 - Easements
 - Driveway Permit (if applicable)
- ✓ Two copies of Building Plans including:
 - Floor plans
 - Roof plans
 - Exterior elevations
 - Construction details
 - Electrical plan
 - Foundation/Slab plan
 - Engineered foundation plan and details with legal descriptions. (When applicable).
 - Engineering letter including legal address, plan number and a statement that the foundation has been designed specifically for soils conditions of listed lot. (When applicable).
 - Second floor framing plan attached (when applicable).
 - Truss Plans (when applicable).

Expiration of the Building Permit: If the work described in a building permit has not begun within 180 days of issuance, or if the work on the site is incomplete due to suspension or abandonment 180 days after the work commenced said permit shall expire and be cancelled by the building Inspector, and written notice thereof shall be given to the persons affected.

Certain types of use require inspections by the Health Department and Fire Department. Please check all that apply to your business:

| <u>Fire Department Review:</u> | <u>Health Department Inspection:</u> | <u>Fire Department Review & Health Inspection</u> |
|--|---|--|
| <input type="checkbox"/> Compressed gas | <input type="checkbox"/> Alcoholic beverages | <input type="checkbox"/> Body shop |
| <input type="checkbox"/> Dust producing equipment | <input type="checkbox"/> Carpet cleaning operations | <input type="checkbox"/> Circuit boards |
| <input type="checkbox"/> Explosives/Ammunition | <input type="checkbox"/> Automobile washes | <input type="checkbox"/> Dry cleaning w/flammable solvents |
| <input type="checkbox"/> Fire alarm system* | <input type="checkbox"/> Electronic assemblies | <input type="checkbox"/> Electro plater |
| <input type="checkbox"/> Fire sprinkler system* | <input type="checkbox"/> Gold platers | <input type="checkbox"/> Fiberglass |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Jewelry fabrication/repair | <input type="checkbox"/> Food/Beverage |
| <input type="checkbox"/> Flammable liquid | <input type="checkbox"/> Landscape/Nurseries | Alcoholic or Non-alcoholic |
| Quantity over 240 gallons | <input type="checkbox"/> Machine Shop | Processing or Storage (Type I Hood) |
| <input type="checkbox"/> Fumigation | <input type="checkbox"/> Metal forming | <input type="checkbox"/> Auto repair shop |
| <input type="checkbox"/> High piled storage | <input type="checkbox"/> Outside/Open Storage | <input type="checkbox"/> Industries |
| Bales or loose combustible fibers | <input type="checkbox"/> Tire equipment materials | <input type="checkbox"/> Print shop |
| Commodity stored above 12' high | or commodities | <input type="checkbox"/> Mfg/Research of semi-conductors |
| Pallet storage over 5' high | <input type="checkbox"/> Pesticide formulations | <input type="checkbox"/> Poisonous or hazardous |
| chemicals/acids | <input type="checkbox"/> Photo processing | exceeding 500 lbs. or 500 gallons |
| <input type="checkbox"/> Liquid nitrogen/cryogenic tanks | <input type="checkbox"/> Plastic extrusions | <input type="checkbox"/> Reclaiming waste materials |
| <input type="checkbox"/> Liquid propane gas | <input type="checkbox"/> Power wash systems | |
| <input type="checkbox"/> Metal plating | <input type="checkbox"/> Restoration systems | |
| <input type="checkbox"/> Painting w/flammable materials | <input type="checkbox"/> Towers/Cooling systems | |
| <input type="checkbox"/> Permanent welding sites | <input type="checkbox"/> Transmission shops | |
| <input type="checkbox"/> Smoke control/stair | <input type="checkbox"/> X-Ray processes | |

*Requires Fire Inspection

Plans for items listed under Fire Department Review column shall be submitted directly to the Grove Fire Department.

PERMIT REVIEW
(Office use only)

FLOODPLAIN

Is the proposed structure in a known floodplain? Y / N (Circle One)

If yes which zone is it in A AE X

FIRM Panel Number _____

See attached map for specific location. If the proposed structure is in a known floodplain no permit will be issued without the appropriate documents.

Approved By: _____

GENERAL CONSTRUCTION

Type of Construction: _____ Occupancy Group: _____ Zoning: _____

Legal & Dimensions match plat: Yes _____ No _____ Easements clean & shown: Yes _____ No _____

Front lot-line setback _____ Side lot-line setback: Left _____ Right _____ Rear lot-line setback _____

Lot sq. ft. _____ Main commercial structure: _____% Other structure lot coverage _____%

Total Lot coverage _____% Height of structure _____ Permitted Use in Zoned district: Yes _____ No _____
(Total lot coverage shall not exceed Maximum Lot coverage per Zoning Ordinance, including all structures)

Control Joints _____ Horizontal Joints _____ Engineered Frame _____ Erosion Control _____

EIFS (BI Paper-EIFS, BI Insulation-EIFS BI Lath) _____ Stucco (BI Paper-Stucco, BI Lath _____

Underground- EL ME Footing/Pier inspection _____ Minimum finish, Letter sent _____

Water meter size _____ Gas meter size _____

Sewer: Public _____ Sewer Tap _____ Septic _____ Perk Test letter _____

Aerobic Spray/Drip: _____ Grinder Pump: _____ Energy Compliance Sheet _____

Sewer Tap required: Yes _____ No _____ Inspection performed: Yes _____ No _____

Sewer backflow prevention device required: Yes _____ No _____ Inspection performed: Yes _____ No _____
(Grinder Pump Systems exempt)

INSPECTION/REVIEW:

Building Inspector Approval: Yes _____ No _____ Date Inspected: _____

Building Inspector Name: CALVIN IGNEY Signature: _____

GMSA Utility Department Approval: Yes _____ No _____ Date Inspected: _____

GMSA Inspector: _____ Signature: _____
Print Name

Fire Department Review: Yes _____ No _____ Date Reviewed: _____

Fire Department Inspection required: Yes _____ No _____ Date Inspected: _____

Fire Department Approval: Yes _____ No _____

Fire Review/Inspector: _____ Signature: _____
Print Name