



Building Information Submittal Form

FRM-005
 Date:1/4/19
 Mod:12/6/21

Approved by:
 RWM

INSTRUCTIONS:

- This form required to be filled out and completed PRIOR to final inspection. (All fields are REQUIRED for new construction and tenant improvements)
- Fill in the project / business address and provide associated permit # for the project
- Answer the following questions
- Please note: All applicable building and fire code requirements must be followed.

Permit #:		City:	
Address:			
Owner Name:		Owner Phone:	
Owner Email:		Owner Address:	
Property Manager Name/Email:		Property Manager Phone:	
Property Manager Address:	Which address should be used for billing?		

1. Construction Type:	Choose a construction type
2. Building square footage:	
3. Above grade stories:	
4. Below grade stories:	
5. Occupant Load:	
6. Occupancy Class:	
Does the building contain any of the following:	
7. Automatic Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:

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8. Standpipes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
9. Alternative Automatic Fire-extinguishing Systems (Kitchen wet chemical, water mist, CO2, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
10. Fire Alarm/Detection System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
11. Smoke Control System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
12. Fire Pump Diesel <input type="checkbox"/> Electric <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Capacity:
13. Emergency Responder Radio Coverage System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
14. Solar Panels/Photo Voltaic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
15. Back-up Generator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
16. Battery Storage System/UPS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
17. Garage Exhaust System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
18. Two-way communication System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
19. Water Storage Tank	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Capacity:
20. Knox Box	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
The following must be filled out for <u>building construction permits</u> only (Not required for fire suppression / fire alarm permits)			
21. Are there any special conditions as listed in the CA Building Code Ch. 4 for 'Special Detailed Requirements Based on Use and Occupancy'?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
22. Is this a residential care facility? If yes: provide # of ambulatory, non-ambulatory, and bed-ridden	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: Ambulatory: _____ Non-ambulatory: _____ Bed-Ridden: _____