**Plans Review – Request to BCA**

**TN-000000**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Name:** |  |  | **Space Impact or PECO #** |  |
| **Building:** |  |  | **Current use of space:** |  |
| **Room #:** |  |  | **Proposed use of space:** |  |
| **Description:** |  |
| **A** | **CONTACT INFORMATION:** | **Name** |  | **Email** |  | **Phone** |
| **a** | **Applicant's Name:** |  |  |  |  |  |
| **b** | **State Agency Contact:** |  |  |  |  |  |
| **c** | **Architect of Record:** |  |  |  |  |  |
| **d** | **Engineer of Record - Fire Alarm System:** |  |  |  |  |  |
| **e** | **Engineer of Record - Fire Sprinkler System:** |  |  |  |  |  |
| **B** | **CONSTRUCTION BUDGET:** | **Total Construction Budget** | **BCO Construction Budget\*** |
|  | \*For BCO Fee calculations: Do **not include** the cost of land, site improvement, civil work or furniture and equipment. Confirm with BCA. | **$** | **$** |
| **C** | **TYPE OF SUBMITTAL:** |
| **a** |[ ]  **100% CD for Permit**  |  |  | **f** |[ ]  **Fast-Tracked Permit** |  |
| **b** |[ ]  **SFM submittal** |  |  | **g** |[ ]  **Civil** |  |
| **c** |[ ]   |  |  | **h** |[ ]  **Foundation** |  |
| **d** |[ ]   |  |  | **i** |[ ]  **Structure** |  |
| **e** |[ ]  **Other:** |  |  | **j** |[ ]   |  |
| **D** | **BUILDING INFORMATION:** |
| **a** | **State Owned\*** |  | **d** | **Building Name:** |  | **g** | **Building Street Address:** |  |
| **b** | **State-Leased,\*\* lease #:** |  | **e** | **Building #:** |  | **h** | **City/State/Zip:** |  |
| **c** | **Design or State Project No.** |  | **f** | **Project GSF** |  | **i** | **County:** |  |
| **j** | **NFPA Occupancy Type:** (check all that apply) |  | **For BCA Use:**  |
|  |[ ]  **Ambulatory Health Care** |  |[ ]  **Apartments** |  |  |
|  |  | **Detention & Correctional** |  |[ ]  **Day-Care** |  |  |
|  |  | **One and Two Family** |  |[ ]  **Mercantile** |  |  |
|  |[ ]  **Hotels and Dormitories** |  |[ ]  **Health Care** |  |  |
|  |  | **Lodging or Rooming Houses** |  |[ ]  **Business** |  |  |
|  |  | **Residential Board and Care** |  |[ ]  **Industrial** |  |  |
|  |[ ]  **Storage** |  |[ ]  **Assembly** |  |  |
| **k** | **Is this a change in occupancy?** | [ ]  **Yes** | [ ]  **No** |  |  |
| **l** | **FBC Construction Type:** |  |  |  |
| **m** | **Building Height:** (highest floor) |  |  |  |
| **n** | **Number of Stories:** |  |  |  |
| **o** | **Life Safety Systems: (check all that apply)** |  |  |
|  |[ ]  **Fire Alarm** |  |  |  |
|  |[ ]  **Fire Sprinkler** |  |  |  |
|  |[ ]  **Standpipe** |  |  |  |
|  |[ ]  **Other:** |  |  |  |

**File:** BCA-Form 02 Plans Review-Request to BCA.docx