



This form is intended to be a worksheet only.

All of the applicable information should be included in the full size sheet(s) with the drawing set, detailing the information from this worksheet.

Provide a basic floor plan for each level, showing partitions, stairs, doors with door swings, relites, fixtures, etc. Minimum scale is 1/8" = 1'-0"

Drawing Sheets shall be designated as CS (Code Summary)

1. Label the following:
 - a. Use of each room or area (i.e. office, sales, conference, kitchen, manufacturing, etc.)
 - b. IBC Occupancy classification for each room or area and floor.
 - c. Square footage of floor area of each room or area.
 - d. Occupant load factor used for each room or area and floor.
 - e. Occupant load of each room or area and floor.
2. Provide a total occupant load summary for each floor or level.
3. Show all actual and assumed property lines, including those required by IBC 705.3.
4. Show the extent and rating of all rated assemblies both vertical and horizontal; include the rating of any required opening protection.
5. Show a complete Means of Egress Path, including the width, common path of travel, travel distance, diagonal distance of exits, exit signs, and emergency exit pathway lighting.
6. Indicate any doors that are provided with panic hardware and/or magnetic hold-opens.
7. Provide accessible information for site and all parts of the building.

SECTION 1 – EXISTING BUILDING INFORMATION (Required for all submittals)

Building Code Edition building constructed under: _____

Occupancies (IBC 302.1): _____ Construction Type (IBC 602): _____

SECTION 2 – PROPOSED BUILDING USE AND OCCUPANCY (Required for all submittals)

List applicable occupancy classifications: _____

Non-Separated Use (IBC 508.3) Yes No If Yes identify occupancies: _____
(See Section 6 for calculations)

Separated Use (IBC 508.4) Yes No If Yes identify occupancies: _____
(complete this section)

Accessory Use (IBC 508.2) Yes No If Yes identify occupancies: _____
(Provide calculations per floor/space not more than 10%, see exceptions)

Change of Use (IBC 3408) Yes No If Yes identify occupancies: _____
_____ to _____ = _____ hr(s)

Occupancy separation (Table 508.4) _____ to _____ = _____ hr(s)

(example; B to S-2 = 2hr) _____ to _____ = _____ hr(s)

_____ to _____ = _____ hr(s)

SECTION 3 – PROPOSED SEPARATION OF MIXED OCCUPANCY (Required for all submittals)

Construction type(s): _____

Building Height (IBC table 503): Allowed: _____ Provided: _____

Number of stories IBC table 503): Allowed: _____ Provided: _____

Basement: Yes No If Yes, list square footage of basement and grade elevations on CS sheets.

SECTION 4 – SPRINKLER SUBSTITUTIONS (Required for all submittals)

Area Increase (IBC 506.2): Yes No _____ Height Increase (IBC 504.2): Yes No _____

Unlimited Area (IBC 507): Yes No _____ One-Hour Construction (Table 601(e)): Yes No _____

Story Increase: (IBC 504.2) Yes No _____ Other: Yes No _____

SECTION 5a – FIRE RATING (Required for Separated Use, Change of Occupancy and New Construction)

Fire Resistance of Exterior Walls Based on Fire Separation Distance Provide location of wall closest to property line (per IBC Table 602)	Rating	Opening Protection	
List Wall and Fire Separation Distance: 1. NORTH			
2. SOUTH			
3. EAST			
4. WEST			
SECTION 5b - (per IBC Table 601) (Required for Separated Use, Change of Occupancy and New Construction)			
Fire Resistance Rating Requirements	Rating Required	Rating Provided	Assembly #
Structural Frame			
Bearing Walls – Exterior			
Bearing Walls – Interior			
Nonbearing Walls & Partitions - Exterior			
Nonbearing Walls & Partitions - Interior			
Floor Construction			
Roof Construction			

SECTION 6 – BUILDING AREA LIMITATIONS: “ALLOWABLE” AND “ACTUAL”

If there are multiple construction types, or if a fire wall divides the building, **provide a separate analysis for each area.** Repeat as necessary. (Required for Non-Separated Use, Change of Occupancy and New Construction)

Area Limitations for Each Proposed IBC Use or Occupancy Group	Occupancy 1 Allowed/Actual	Occupancy 2 Allowed/Actual	Occupancy 3 Allowed/Actual
IBC Use or Occupancy Group			
Table 503 Area Limitation (per IBC Table 503)			
Frontage Area Increase Multiplier (per IBC 506.2 equation 5-1 provide on CS sheets)			
Automatic Sprinkler System Area Increase Multiplier (per IBC 506.3 equation 5-2 provide on CS sheets)			
Total ALLOWABLE Floor Area (Equation 5-1 / IBC 506.1)			
Total ALLOWABLE Building Area (per IBC 506.4)			
Does the Building Qualify for Unlimited Area (per IBC 507)	Yes <input type="checkbox"/> No <input type="checkbox"/>		

“Sum of the Ratios” Calculation (required if separated use per IBC 508.4.2)
 Example: $\frac{\text{Actual Area (B)}}{\text{Allowable}} + \frac{\text{Actual Area (A-3)}}{\text{Allowable}} + \frac{\text{Actual Area (S-1)}}{\text{Allowable}} = 1$ or less

“Non-Separated Use” Calculations (required if non-separated use per IBC 506) $A_a = A_t + (A_t \times I_f) + (A_t \times I_s)$
 Two stories above grade plane multiply by 2; Three or more stories above grade plane multiply by 3; No story shall exceed allowable building area per story (A_a), as determined in 506.1, for the occupancies on that story.

SECTION 7 – OCCUPANT LOAD AND BUILDING EXITING

If there are multiple IBC Occupancy types on any floor or in the building, provide a separate analysis for each occupancy type. Repeat as necessary. **(Required for Large TI*, New Construction, Change of Occupancy and Increased Occupant Load)**

	Basement	First Floor	Mezzanine	Second Floor	Third Floor	Other Floor(s)
TOTAL Occupant Load						

Number of Exits and Exit Width from Each Level (as applicable):	Number of Exits		Exit Width			
			Stairs		Other Egress Components	
	Required	Provided	Required	Provided	Required	Provided
Basement						
First Floor						
Mezzanine						
Second Floor						
Other Floor(s)						
Are Areas of Refuge Required?					YES <input type="checkbox"/>	NO <input type="checkbox"/>

WAC 51-50 / IBC Chapter 29 – Washington State Amendments

Occ & Area Served ₁	Plumbing Occupant Load Factor	Plumbing Occupant Load	Water Closets ₂		Lavatories			
			Male	Female	Male		Female	
			Required / Provided		Required	Provided	Required	Provided
Total # of Fixtures	Required							
	Provided							
	Accessible							
Unisex Toilet (per IBC 1109.2.1)	Required		1. Occupancy is determined based on the 2009 IBC WAC 51-50 Table 2902.1 2. Equally divide the plumbing occupant load between male and female for determining the number of required plumbing fixtures.					
	Provided							
Number of Drinking Fountains	Required							
	Provided							
	Accessible							