



## CITY OF MONROE BUILDING CODE SUMMARY

### FOR COMMERCIAL BUILDINGS

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Name of Project: \_\_\_\_\_

Address: \_\_\_\_\_

New Construction       Addition       Alteration       Repair  
\_\_\_\_\_ SF      \_\_\_\_\_ SF      \_\_\_\_\_ SF      \_\_\_\_\_ SF

Briefly describe the proposed work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed use of the space  
\_\_\_\_\_

Previous use of the space?  
\_\_\_\_\_

Are there other tenants in the building?       Yes       No

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### BUILDING DATA

Number of Stories: \_\_\_\_\_ Total square feet of existing building: \_\_\_\_\_

Fire Sprinkler System:       Yes       No       Will Install

**Construction Type:** \_\_\_\_\_

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

**Occupancy Type:** \_\_\_\_\_

<input type="checkbox"/> Assembly	<input type="checkbox"/> Institutional
<input type="checkbox"/> Business	<input type="checkbox"/> Mercantile
<input type="checkbox"/> Educational	<input type="checkbox"/> Residential
<input type="checkbox"/> Factory and Industrial	<input type="checkbox"/> Storage
<input type="checkbox"/> High Hazard	<input type="checkbox"/> Utility, Miscellaneous

Are all ceilings, columns, and walls covered with sheet rock or non-combustible materials?  Yes  No

Are your walls, ceilings, or other parts of the structure fire rated construction?  Yes  No  Don't know

If "yes" to the last question, then please list fire ratings if known:

Bearing walls: \_\_\_\_\_ Tenant Separation: \_\_\_\_\_ Drop Ceiling: \_\_\_\_\_

Floor/Ceiling Assemblies: \_\_\_\_\_ Corridor Walls: \_\_\_\_\_

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## LIFE SAFETY PROVISIONS

How many exits are provided from the space? \_\_\_\_\_

Where do the exits lead?

- Directly to the exterior of the building
- To an exit passageway or an exit stairway
- To another unit or space

Where is the electrical panel serving the space located? \_\_\_\_\_ *Indicate on the floor plan*

*Does the building have or do you intend to install the following:*

Emergency Lighting	YES	NO	WILL INSTALL
Exit Signs	YES	NO	WILL INSTALL
Fire Alarm System	YES	NO	WILL INSTALL
Smoke Detection System	YES	NO	WILL INSTALL
Panic Hardware	YES	NO	WILL INSTALL

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## ACCESSIBILITY AND HEALTH PROVISIONS

*Does the building have or do you intend to install the following"*

Is there accessible parking with signage? YES NO WILL INSTALL

How many spaces? \_\_\_\_\_

Is there an accessible route to the main entrance? YES NO WILL INSTALL

Are accessible doors with 32" clear passage and  
Lever type handles provided throughout? YES NO WILL INSTALL

Are there toilet rooms? YES NO WILL INSTALL

Are they handicap accessible? YES NO WILL INSTALL

Is there a drinking fountain? YES NO WILL INSTALL

Is there a handicap accessible drinking fountain? YES NO WILL INSTALL