DEVELOPMENT SERVICES DEPARTMENT
Building Safety Division

BUILDING INFORMATION FORM
FOR TENANT LAYOUTS AND NEW COMMERCIAL STRUCTURES

Project Name:			
Street Address:		**Suite:**	

BUILDING INFORMATION

Use Group(s) of Building *(per IBC)*:		Type of Construction *(per IBC)*:	
Number of Stories in Building:		Code Year Building Designed Under:	
Previously Occupied: ☐ Yes ☐ No		Gross Floor Area Per Floor (SF):	
Special Inspections: ☐ Yes ☐ No		Deferred Submittals ☐ Yes ☐ No	

BUILDING AREA

Total Building Area:		**Shell: ☐ Yes ☐ No**

TENANT INFORMATION *(if applicable)*

Purpose of Space:		Occupant Load:	
Group(s) of Tenant *(per IBC)*:		Tenants Per Floor: ☐ Single ☐ Multiple	
Area of Tenant Space *(SF)*		Area of Work *(SF)*	
Hazardous Materials: ☐ None ☐ Combustible Liquid ☐ Flammable Liquid ☐ Other:			

PLUMBING SYSTEMS *(if any plumbing changes)*

Water Meter Size:		Water Line Size:		Length of Line *(from Meter to Building)*		Sewer Line Size:	

FIRE PROTECTION SYSTEMS

Sprinklers: ☐ Yes ☐ No If yes, ☐ Fully ☐ Partial ☐ NFPA 13 ☐ NFPA 13R			
Monitored by Approved Central Station: ☐ Yes ☐ No		If yes, Name:	
Fire Alarm System: ☐ Yes ☐ No		If yes, Type:	
Property Management Company: ☐ Yes ☐ No	If yes, provide Name and Phone number:		

FIRE RESISTANCE DESIGN *(if applicable, insert UL Design Number or similar)*

Floor/Ceiling:		Roof/Ceiling:	
Corridor Separation		Tenant Separation Walls:	
Columns:		Beams:	

INSTRUCTIONS AND SIGNATURE

Completely fill out this form and attached a copy to each set of the drawings. If completed by design professional sign and seal to the right; otherwise must be completed by applicant and signed and dated below.	*Sign & Seal*
Signature: Date:	
For City Use VERIFIED BY:	