



City of Cuero Fire Marshal



Fire Code Design and Compliance Review Sheet

This document is to be filled out by the design professional and shall accompany plans when submitted for full fire code review. All plans shall be stamped and signed by an architect or engineer licensed in the State of Texas. For fire protection only submittals, the licensed designer shall complete the applicable sections then stamp the certification document.

A COPY OF THE APPROVED CONSTRUCTION PLANS MUST BE KEPT AT PROJECT SITE FOR THE FINAL INSPECTION OF THE BUILDING(S)

BUILDING PLANNING & DESIGN

<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Shell Building	<input type="checkbox"/>	Change of Occupancy
<input type="checkbox"/>	Lease Space Build-out	<input type="checkbox"/>	Substantial Improvement		
<input type="checkbox"/>	Single Occupancy	<input type="checkbox"/>	Mixed Occupancy		
		<input type="checkbox"/>	Separate Use	<input type="checkbox"/>	Non-Separated

Type of Construction: _____ (IBC, Chapter 6)

Bldg. Length: _____ Bldg. Width _____ Bldg. Height _____ (IN. / FT.)

Height Limitation: _____ Area Limitations: _____ (Table 503)

Building Valuation

Gross Square Footage: _____ Estimated Cost of Construction: \$ _____

Scaled Cost of Construction: \$ _____

(To Calculate scaled cost of construction use the square footage and multiply by \$75.00)

T.D.L.R. #: _____

Building Number: _____ of _____

Building Name: _____

Physical Address: _____

Lease Space / Suite No.: _____ Shell Building Permit #: _____

DCAD #: _____ Primary Fire Dept.: _____

Address: _____

Brief Description of property use:

Occupancy Type and Load (Ch. 2, Ch. 3, & Ch.10)

Occupancy Classification Types	Occupancy Classification	Specific Use	1	2	3
A-1					
A-2					
A-3					
A-4					
A-5					
B					
E					
F-1					
F-2					
H-1					
H-2					
H-3					
H-4					
H-5					
I-1					
I-2					
I-3					
I-4					
M					
R-1					
R-2					
R-3					
R-4					
S-1					
S-2					
U					
	TOTAL:				

REF. IBC, Table 1004.1.1

1. List square footage in each occupancy classification
2. List floor area in square foot per occupant from IBC Table 1004.1.1
3. List allowable occupant classification

MEANS OF EGRESS (IBC Ch. 10)

Means of Egress	# Of Required Exits	# Of Exits Provided	Sheet #
Stairways (per floor)			
Egress @ grad level			

Stairways (Section 1009)

Minimum Clear Width Provided (Each Stairwell) _____

Egress Widths are shown on sheet: _____

Accessible Areas of Refuge & 2-Way Communications: _____

(IBC) Section 1007.6 to 1007.11)

Exit Signs / Egress Illumination (IBC Section 1006 & 1011)

Required and Shown on Sheet		
Exterior Emergency Lighting Provided	Y	N

Exit Access Travel Distance (IBC Section 1016.1)

Occupancy Type	Max. Travel Distance	Provided Travel Distance	Sheet #

Corridor Fire Resistance Rating (IBC Table 1018)

Occupancy Type	Occupant Load Served by Corridor	Required Fire Resistance Rating	Sheet #

Elevators

	New		Existing	Elevator Key Box Located in Lobby?	Y	N
--	-----	--	----------	------------------------------------	---	---

FIRE PROTECTION SYSTEMS (IBC & IFC Ch. 9)

Automatic Fire Sprinkler System (Section 903)

Provided as noted on Sheet # _____

Type of System Provided:

	NFPA 13		ELO		Other:
	NFPA 13R		ESFR		Not Required per Section 903
	NFPA 13D		Quick Response		

Alternative Automatic Fire Extinguishing System (Section 904)

	Provided as Noted on Sheet _____	Type of System Provided _____
	Not Required per Section 904	

Standpipe System & Hose Connections (Section 905)

	Provided as Noted on Sheet _____	Type of System Provided _____
	Not Required per Section 905	

Portable Fire Extinguishers (Section 906)

Provided as noted on Sheet _____, Number Provided _____

Fire Alarm and Detection System (Section 907)

Provided as Noted on Sheet _____

Type of System Provided

<input type="checkbox"/>	Automatic with Smoke Coverage	<input type="checkbox"/>	Manual with Notification
		<input type="checkbox"/>	Elevator Recall – Supervisory
<input type="checkbox"/>	Sprinkler Monitor with Occupancy Notification	<input type="checkbox"/>	Other _____
		<input type="checkbox"/>	Not Required per Section 907

HVAC & Air Distribution System Controls (Section 907.4.1)

- Provided as noted on sheet _____
- No HVAC units over 2,000 CFM used in this system
- No fire / smoke dampers in the building

Smoke Control Systems (Section 909)

- Provided as noted on sheet _____
- Not Required per Section 909

Smoke and Heat Ventilation (Section 910 & Table 910.3)

Occupancy Group and Commodity Classification	Designated Storage Height (feet)	Minimum Draft Curtain Depth (feet)	MAX. Area Formed By Curtains (square feet)	Vent – Area – to Floor Area Ratio	Max. Spacing of Vents Centers (feet)	Max. Distance to Vents from Wall or Draft Curtain (feet)	Shown on Sheet

NOTE: Where Areas of Buildings are Equipped with Early Suppression Fast-Response (ESFR) Sprinklers, Automatic Smoke and Heat Vents Shall Be Installed Per Manufacturers Specifications, Meeting Local Jurisdiction Requirements.

FIRE-RESISTANCE RATED CONSTRUCTION (IBC Ch. 6, 7, and 9)

Show details of fire walls or fire barriers meeting horizontal walls and roof decks (See IBC 705.5, 705.6, and 706.5)

(Refer to tables 601, 602 & 602.4 of IBC)

Building Elements		Required	Provided	Sheet #	Standard
Structural Frame					
Exterior Bearing Walls					
Interior Bearing Walls					
Exterior Non-Bearing Walls					
Interior Non-Bearing Walls					
Floor Construction					
Roof Construction					
Stairwells (Section 1020)					
Elevator Shafts (Section 707)					
Corridors (Section 1017)					
Fire Rated Doors (Table 715.4)					
Demising / Partition Wall (Section 708)					
Fire Barrier (Section 706)					
Fire Wall (Section 705)					
Y	N	Have you checked width of openings in fire barrier per IBC 706.7?			
Automatic Fire Extinguishing System Reduction Claimed					Y N
<i>(1 Hour Reduction Allowed, See Footnote - D, Table 601 IBC)</i>					
Fire Separation Distance (Feet)					
(Ref. Section 602 IBC)		North	South	East	West
Roof Covering Classification (Ref. Table 1505.1, IBC)		A	B	C	

WATER SUPPLY CALCULATIONS

_____ Gross Size of Building in SQ.FT. (Include All Overhangs Under Roof)

_____ Required (GPM) _____ Duration

(Ref IFC Appendix B105.2)

75% Reduction	Y	N	(Must Maintain Minimum of 1,500 GPM)
---------------	---	---	--------------------------------------

Public Water Supply with Fire Hydrants

Name of the Municipal Utility District _____

_____ Number of Existing Hydrants within 1000 Feet of Project

Water Source for Rural Areas Without Fire Hydrants

<input type="checkbox"/>	Dry Hydrant	<input type="checkbox"/>	Underground Storage
<input type="checkbox"/>	Above Ground Storage	<input type="checkbox"/>	Other: _____

****Submit Plans for Approval for Rural Water Supply for Fire Protection****

Fire Lane Access (Ref. Appendix B, C, & D)

Provided as noted on sheet # _____ for "FIRE LANE LAYOUT PLAN" which shall include the following: Site Plan, Fire Lane, Fire Hydrants. (Highlight Locations on Plans)

Fire Lanes Will be Approved Conceptually During the Civil Review Process. However the Fire Code Plan Reviewer May Change the Fire Lane Layout Based on the Building Specifications.

INTERIOR FINISH (IBC CH. 8 per section 803 and table 803.5)

OCCUPANCY GROUP	EXIT ENCLOSURE EXIT PASSAGEWAYS	CORRIDORS	ROOMS AND ENCLOSED SPACES	SHOWN ON SHEET
TRIM				

(CROWN MOLDING, CHAIR RAIL, BASEBOARD, DOOR, WINDOW TRIM, ETC.)

High Piled Storage (IFC CH. 23)

Y	N	*** THIS BUILDING IS DESIGNED FOR THE INTENT OF HIGH PILED STORAGE
IF "YES" PROVIDE HIGH PILED STORAGE FORM		
Y	N	FIRE DEPARTMENT ACCESS DOOR
Y	N	HIGH PILED RACK LAYOUT AND CODE ANALYSIS COMPLETED AND PROVIDED ON SHEET

HAZARDOUS MATERIALS (IFC CH. 27)

Y	N	***THIS BUILDING IS DESIGNED FOR THE INTENT OF HAZARDOUS MATERIAL STORAGE. IF YES THEN PROVIDE ALL HMIS SUMMARIES, REPORTS AND MSDS'S
Y	N	EMERGENCY ALARM SYSTEM
Y	N	BACK-UP EMERGENCY POWER SUPPLY
Y	N	VENTILATION
Y	N	SECONDARY CONTAINMENT

*****REQUIREMENT FOR A CONSULTANT ENGINEER*****

SPECIAL CONDITIONS

Y	N	ATRIUM	Y	N	SMOKE CONTROL IBC 404.5
Y	N	SEPARATION IBC 404.6	Y	N	ASSEMBLY SEATING
Y	N	HIGH RISE BUILDING	Y	N	COVERED MALL
Y	N	FUEL STORAGE TANKS	Y	N	UNDERGROUND BLDG
Y	N	AIRCRAFT RELATED BLDG	Y	N	SPECIAL AMUSEMENT BLDG

Comments:

REVISIONS (DO NOT USE THIS BLOCK UNTIL AFTER PERMIT IS ISSUED)

DATE	SHEET NO. (S)	DESCRIPTION	REVIEWER ACKNOWLEDGMENT

PLAN REVIEWER'S SIGNATURE BLOCK

(Signature of Reviewer)

Date

THE PROJECT WAS REVIEWED, HOWEVER, THIS DOES NOT MEAN THE ENTIRE PROJECT, INCLUDING ALL SUPPORTING DATA AND CALCULATIONS HAVE BEEN COMPLETELY CHECKED AND VERIFIED. THE ATTACHED DRAWINGS ARE SIGNED, DATED AND SEALED BY A PROFESSIONAL ENGINEER / ARCHITECT LICENSED TO PRACTICE IN THE STATE OF TEXAS, WHICH THEREFORE CONVEYS THE PROFESSIONAL'S RESPONSIBILITY AND ACCOUNTABILITY. THIS ACCEPTANCE DOES NOT RELIEVE ANY PARTY FROM COMPLYING WITH ANY OTHER LEGALLY ADOPTED REGULATION OR ORDINANCE RELATED TO LAND DEVELOPMENT.

CERTIFICATION

I, _____, A LICENSED PROFESSIONAL ENGINEER / ARCHITECT / FIRE PROTECTION DESIGNER IN THE STATE OF TEXAS DO HEREBY CERTIFY THAT THE INFORMATION PRESENTED ON THIS SHEET IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM / AM NOT A DESIGNER OF RECORD FOR THIS PROJECT. THE PROJECT CONSISTS OF DRAWING SHEETS _____ THROUGH _____.

Firm Name _____ FIRM # _____

SEAL

Signature

Date