Pikes Peak REGIONAL Building Department

Code Study Form

Section 1.0

This form is intended to be completed using a PDF reader and must be stamped by the design professional of record. This form must be included as an attachment, or as part of the second page of the plans for all commercial projects. All information must be provided.

Address(es):

City: Zip:

Tax Schedule Number: (1)

Legal Description: (1)

ZONING DISTRICT: (1) CHOOSE ZONING DISTRICT

FIRE JURISDICTION: (1) CHOOSE FIRE JURISDICTION **IF OTHER, SPECIFY**

(1) *This information may be found HERE*

SCOPE OF PROJECT:

Phased Projects:

☐ Foundation Only ☐ Superstructure ☐ Core/Shell ☐ Finish

Regular Projects:

☐ Interior Remodel ☐ Interior Finish ☐ Addition ☐ Complete Building

☐ Change of Occupancy ☐ Other

DESCRIPTION OF WORK:

PRINCIPAL USE OF BUILDING:

TYPE OF CONSTRUCTION: *(International Building Code)*

☐ I-A ☐ II-A ☐ III-A ☐ IV-A ☐ IV-C ☐ V-A

☐ I-B ☐ II-B ☐ III-B ☐ IV-B ☐ IV-HT ☐ V-B

COMPLETION OF THIS FORM DOES NOT TAKE THE PLACE OF REQUIRED CODE DATA ON THE PLAN SET

SECTION 2.0

BUILDING HEIGHTS AND AREAS*:

Total Building Area:		Ft^2	Existing Building Area:		Ft^2
First Floor:		Ft^2	New Building Area:		Ft^2
Second Floor:		Ft^2	Total Height:		Ft
Third Floor:		Ft^2	Number of Stories:		
Fourth Floor:		Ft^2	Basement Area:		Ft^2
Fifth Floor:		Ft^2	Number of Mezzanines:		
Sixth Floor:		Ft^2	Mezzanine Area:		Ft^2
Seventh Floor:		Ft^2	Unlimited Area:	CHOOSE UNLIMITED AREA PROVISION	

TOTAL AREA FOR SCOPE OF WORK: Ft^2

**Provide per floor details, height increase (IBC 504), and area increase (IBC 506) calculations on plans if applicable. If additional stories are required, provide an additional sheet.*

OCCUPANCIES: *Specify all occupancies that apply and indicate the square footage of each*

CHOOSE OCCUPANCY		Ft^2	CHOOSE OCCUPANCY		Ft^2
CHOOSE OCCUPANCY		Ft^2	CHOOSE OCCUPANCY		Ft^2
CHOOSE OCCUPANCY		Ft^2	CHOOSE OCCUPANCY		Ft^2

SPECIAL USE AND OCCUPANCIES ☐ ***YES*** ☐ ***NO***

CHOOSE SPECIAL USE AND OCCUPANCIES

List all, if more than one applies:

SEPARATION OF OCCUPANCIES:

☐ Nonseparated Occupancies ☐ Separated Occupancies ☐ No Mixed Occupancies

If Nonseparated Occupancies, specify worst case occupancy: CHOOSE WORST CASE OCCUPANCY

INCIDENTAL USE AREAS: *Maximum allowed is 10%*

CHOOSE INCIDENTAL USE PROVISION	Separation:	CHOOSE INCIDENTAL USE SEPAR
CHOOSE INCIDENTAL USE PROVISION	Separation:	CHOOSE INCIDENTAL USE SEPAR
CHOOSE INCIDENTAL USE PROVISION	Separation:	CHOOSE INCIDENTAL USE SEPAR

ACCESSORY OCCUPANCY AREAS: *Maximum allowed is 10%*

CHOOSE ACCESSORY OCCUPANCY	Accessory Area:		Ft^2
CHOOSE ACCESSORY OCCUPANCY	Accessory Area:		Ft^2
CHOOSE ACCESSORY OCCUPANCY	Accessory Area:		Ft^2

SECTION 3.0

FIRE SPRINKLER SYSTEM: ☐ Non-Sprinklered ☐ Sprinklered CHOOSE SPRINKLER REASON

CLASSIFICATION OF FIRE SPRINKLER SYSTEM: CHOOSE CLASSIFICATION OF SYSTEM

FIRE ALARM SYSTEM: ☐ Not Required ☐ Required CHOOSE ALARM SYSTEM TYPE

MEANS OF EGRESS: *For scope of work*

Exits Required:		Exits Provided:	
Occupant Load:		Number of Interior Exit Stairways:	
Actual Max. Travel Distance:	Ft	Interior Exit Stairway Rating:	Hrs
Actual Common Path of Travel:	Ft	Number of Fire Walls:	
Corridor Rating:	Hrs.	Fire Wall Rating:	Hrs

SHAFTS: *If this building contains rated shafts, specify required shaft support*

Shaft Construction Rating: Hrs Supporting Construction Rating: Hrs

RATED HORIZONTAL ASSEMBLIES: *Location, if applicable* ☐ Structure ☐ Dropped Ceiling

BUILDING RISK CATEGORY: ☐ I ☐ II ☐ III ☐ IV

Colorado Licensed Design

As the design professional of record, I certify this information is correct to the best of my knowledge. I further acknowledge my stamp pertains to Sections 1.0, 2.0, and 3.0 only.

Signature

Date

Professional Stamp

SECTION 4.0

	Yes	No
Does the scope of work involve a change of occupancy classification? If yes, what was the most recent existing use? _____ Proposed use? _____		
Will marijuana be cultivated, processed or dispensed at this location? If yes, mark all activities that will apply: ☐ Dispensary ☐ Cultivation ☐ Processing ☐ Extraction For more information visit: https://coloradosprings.gov/fire-department/page/medical-marijuana-extraction-operations		
If applicable, is the **approved** Development Plan included with this submittal?		
Does this project disturb 1 or more acres, or have construction activities that are a part of a larger common plan of development or sale? If yes, a City of Colorado Springs, Stormwater Enterprise Division, Grading and Erosion Control Permit and plan is required: https://coloradosprings.gov/stormwater-enterprise/page/grading-and-erosion-control-permit?mlid=6156		
Does this project include an elevator, escalator, platform lift, chair lift, dumbwaiter, or other method of conveyance?		
Is this permit for the purposes of finishing an existing core and shell permit (first time finish of the space)?		
Is this a food establishment (equipment locations must be shown on plans)?		
Does the scope of work include a swimming pool?		
Does the scope of work have venting equipment (hoods, catalytic oxidizers, scrubbers)?		
If applicable, are the approved civil construction drawings (including utility service plan) included in submittal?		
Will there be any new utility meters or changes to existing meters? If yes, which are affected (check): ☐ **Gas** ☐ **Electric** ☐ **Water** Gas: Existing load _____ Proposed load _____ Electric: Existing load _____ Proposed load _____ Water: Existing load _____ Proposed load _____ Note: Commercial Water Meter Sizing Form required if any changes to water meter or significant fixture count changes are proposed		
Will vehicle maintenance or vehicle storage (parking garage) activities occur? If yes, state square footage of area this will occur: _____		
Will Electric Vehicle (EV) charging stations be installed? If yes, specify location and level (1, 2, or 3): _____		
Is a sand/oil or grease interceptor proposed? If yes, state size: _____		
Is an internal grease trap proposed? *If yes, contact CSU at FOG@csu.org to discuss a variance*		
Is there a backflow prevention device indicated (hose bib locations must be shown on plan)?		

SECTION 4.0 (CONT)

	Yes	No
Per IFC Chapter 50, does the scope of work include any hazardous materials? If the project is located within the City of Colorado Springs, attach a Hazardous Material Inventory Statement (HMIS) - available at https://coloradosprings.gov/hazmat?mlid=42381 **If the project is outside the City of Colorado Springs, contact the appropriate Fire Jurisdiction**		
Per IFC Chapter 32, does the scope of work involve the stacking of commodities higher than 12' or high hazard commodities higher than 6' AFF? If the project is located within the City of Colorado Springs, attach a High Pile Storage Questionnaire form– available at https://coloradosprings.gov/fire-department/page/high-pile-combustible-storage-hpcs-permit **If the project is outside the City of Colorado Springs, contact the appropriate Fire Jurisdiction**		
Per IFC 905, does the scope of work require fire protection standpipes? If yes, indicate reason and cite code reference:		
Per IBC 904, does the scope of work or building require a fixed fire protection system?		
Per IBC 909, does the scope of work include a smoke control system? If yes, indicate type (check): ☐ **Passive** ☐ **Active**		
Does the scope of the work include a childcare facility?		
Does the scope of the work include a Body Art (tattoo, piercing, etc.) facility?		
Specify total earthmoving area of project in square feet:		
Will the disturbance be at least 1 acre, but less than 25 acres of land, and the disturbance period will be 6 months or less? If yes, submit a construction Activity Permit Application to EPC Public Health: https://www.elpasocountyhealth.org/licenses-permits-inspections-water-testing/construction-land-use/construction-activity-permit/		
Will the disturbance be 25 or more acres of land, or the disturbance period will exceed 6 months? If yes, submit an Air Pollution Emission Notice to the Colorado Department of Public Health and Environment: https://www.colorado.gov/pacific/cdphe/air/apens-and-permits		
Was a formal Pre-Submittal Consultation with Pikes Peak Regional Building Department performed for this project? With Whom:		
Is this project designated as official RAPID RESPONSE? If Yes, attach the RAPID RESPONSE CERTIFICATE to the form prior to submittal		

REQUIRED CONTACT INFORMATION:

Project Contact Name:

Email address:

Phone Number: