

BUILDING PERMIT & CODE REVIEW APPLICATION

Information Below to be filled out by Project Manager

Application Date: _____ UNMC Project/Permit No: _____
Neb. Med. Project No: _____

PROJECT NAME: _____

PROJECT LOCATION: _____

DESCRIPTION OF WORK: _____

REQUIRED CODES UTILIZED FOR DESIGN: 2012 IBC, IEBC, IFC, IMC, IPC, IFGC, IgCC, 2009 IECC, 2010 ADA, NFPA 1-2012, NFPA 13-2013, NFPA 12-2010, along with the Project Design Criteria and Resources.

TYPE OF PROJECT:

NEW CONSTRUCTION

Gross Sq. Ft: _____ No. of Levels: _____ Bldg. Height: _____ Fire Sprinklers? _____
Construction Type(s): _____ Occupancy Type(s): _____

REHABILITATION or MODERNIZATION

Existing Bldg. Name _____
Area Sq. Ft: _____ No. of Levels: _____ Bldg. Height: _____ Fire Sprinklers? _____
Construction Type(s): _____ Occupancy Type(s): _____

REPAIR RENOVATION, FIRE PROTECTION, and UTILITY (Electrical/Plumbing/Mechanical)

Existing Bldg. Name _____
Area Sq. Ft: _____ No. of Levels: _____ Bldg. Height: _____ Fire Sprinklers? _____
Construction Type(s): _____ Occupancy Type(s): _____

DEMOLITION (as part of project)

Area Sq. Ft: _____ No. of Levels: _____ Bldg. Height: _____ Fire Sprinklers? _____
Construction Type(s): _____ Occupancy Type(s): _____

ESTIMATED COST OF CONSTRUCTION: \$ _____

PROJECT TEAM MEMBERS

Project Manager: _____ Cell Phone: _____

Project Planner: _____ Cell Phone: _____

Fire AHJ: _____ Cell Phone: _____

Coordinating Prof. Firm(s): _____

Coordinating Prof. Contact: _____ Cell Phone: _____

Contractor: _____

Contractor Contact: _____ Cell Phone: _____

REVIEW PHASE – Required Documents for Review

- Conceptual/Preliminary Design – Digital copy of plans that have been stamped and signed, and one pdf of documents
- Prior to Construction Documents – Digital copy of completed plans that have been stamped and signed, and one pdf of documents

Information Below to be completed by Office of the Building Official

Permit Approval Date: _____ Building Issued By: _____