

# 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: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax Schedule Number:<sup>(1)</sup>

Legal Description:<sup>(1)</sup>

**ZONING DISTRICT:** <sup>(1)</sup>

**FIRE JURISDICTION:** <sup>(1)</sup>

**IF OTHER, SPECIFY**

<sup>(1)</sup> This information may be found [HERE](#)

**SCOPE OF PROJECT:**

*PHASED PROJECTS:*

Foundation Only	Superstructure	Core/Shell	Finish
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*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	V-A
I-B	II-B	III-B		V-B

**BUILDING HEIGHTS AND AREAS\*:**

Total Building Area:	Ft <sup>2</sup>	Existing Building Area:	Ft <sup>2</sup>
First Floor:	Ft <sup>2</sup>	New Building Area:	Ft <sup>2</sup>
Second Floor:	Ft <sup>2</sup>	Total Height:	Ft
Third Floor:	Ft <sup>2</sup>	Number of Stories:	
Fourth Floor:	Ft <sup>2</sup>	Number of Basements:	
Fifth Floor:	Ft <sup>2</sup>	Basement Area:	Ft <sup>2</sup>
Sixth Floor:	Ft <sup>2</sup>	Number of Mezzanines:	
Seventh Floor:	Ft <sup>2</sup>	Mezzanine Area:	Ft <sup>2</sup>

**TOTAL AREA FOR SCOPE OF WORK:**

**Ft<sup>2</sup>**

\* 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.

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

# CODE STUDY FORM

## SECTION 2.0

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

Ft <sup>2</sup>	Ft <sup>2</sup>
Ft <sup>2</sup>	Ft <sup>2</sup>
Ft <sup>2</sup>	Ft <sup>2</sup>

**SEPARATION OF OCCUPANCIES:**

Nonseparated Occupancies                      Separated Occupancies                      No Mixed Occupancies

If Nonseparated Occupancies, specify worst case occupancy:

If Separated Occupancies, specify sum of the ratios:

**INCIDENTAL USE AREAS:** *List any incidental use areas and separation requirements.*

Use:	Separation:	Hrs
Use:	Separation:	Hrs
Use:	Separation:	Hrs

**ACCESSORY OCCUPANCY AREAS:** *Maximum allowed is 10%*

Accessory Occupancy:	Accessory Area:	Ft <sup>2</sup>
Accessory Occupancy:	Accessory Area:	Ft <sup>2</sup>
Accessory Occupancy:	Accessory Area:	Ft <sup>2</sup>

**FIRE SPRINKLER SYSTEM:**

Non-Sprinklered Building  
Sprinklered Building                      Reason:

**CLASSIFICATION OF FIRE SPRINKLER SYSTEM:**

**FIRE ALARM SYSTEM:**

Not Required  
Required                      Reason:

**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

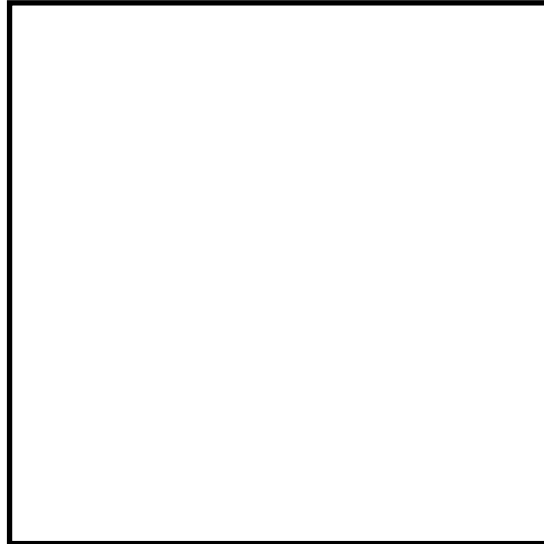
**RATED HORIZONTAL ASSEMBLIES:** *Location, if applicable*

Structure                      Dropped Ceiling

# CODE STUDY FORM

## SECTION 3.0

*Colorado Licensed Design*



*Professional Stamp*

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 and 2.0 only.

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*Name*

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*Date*

Was a Pre-Submittal Consultation performed for this project?      YES      NO

With whom: \_\_\_\_\_

Is this project designated as official RAPID RESPONSE?      YES      NO

If so, please attach the RAPID RESPONSE CERTIFICATE to this form prior to submittal.

**CONTACT INFORMATION:**

Project Contact Name

Email address:

Phone Number:

Fax Number:

# CODE STUDY FORM

## SECTION 4.0

	Yes	No
Does the scope of work involve a change of occupancy classification?		
What was the most recent use at this location?		
Will marijuana be cultivated, processed or dispensed at this location?		
If yes, mark all activities that will apply:      Dispensary      Cultivation      Processing      Extraction** **Extraction activities will require this form: <a href="http://www.springsgov.com/SIB/files/2015%20HO%20Submission%20Certification%20Form(5).pdf">http://www.springsgov.com/SIB/files/2015%20HO%20Submission%20Certification%20Form(5).pdf</a>		
If applicable, is the approved Development Plan included with this submittal?		
Is the project adjacent to an arterial street of 4 lanes or more?		
Does the scope of work include an elevator?		
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): <b>Gas</b> <b>Electric</b> <b>Water</b>		
Gas:      Existing load                      Proposed load		
Electric: Existing load                      Proposed load		
Water: Existing load                      Proposed load <span style="color: red; font-weight: bold;">Note: Commercial Water Meter Sizing Form required if any changes to water meter are proposed</span>		
Will vehicle maintenance or vehicle storage (parking garage) activities occur?		
If yes, state square footage of area this will occur:		
Is a sand/oil or grease interceptor proposed?		
If yes, state size:		
Is an internal grease trap proposed? <i>If yes, contact CSU @ 668-4506 to discuss a variance</i>		
Is there a backflow prevention device indicated (hose bib locations must be shown on plan)?		
Is the fire flow report (modeled by CSU) included?		
Per IFC Chapter 27, 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 <a href="https://coloradosprings.gov/hazmat?mliid=42381">https://coloradosprings.gov/hazmat?mliid=42381</a> If the project is outside the City of Colorado Springs, contact the appropriate Fire Jurisdiction		
Per IFC Chapter 23, 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 of Combustible Commodities form and waiver- available at <a href="https://coloradosprings.gov/fire-department/page/high-pile-combustible-storage-hpcs-permit?mliid=31181">https://coloradosprings.gov/fire-department/page/high-pile-combustible-storage-hpcs-permit?mliid=31181</a> <b>If the project is outside the City of Colorado Springs, contact the appropriate Fire Jurisdiction</b>		
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): <b>Passive</b> <b>Active</b>		
Per IBC 403, is this building considered a High-Rise Building?		
If at least 1 acre, but less than 25 acres of land will be disturbed, <u>and</u> the disturbance period will be 6 months or less, submit a construction Activity Permit Application to EPC Public Health: <a href="http://www.elpasocountyhealth.org/service/air-quality/construction-activity-application">http://www.elpasocountyhealth.org/service/air-quality/construction-activity-application</a> .		
If 25 or more acres of land will be disturbed, <u>or</u> the disturbance period will exceed 6 months, submit an Air Pollution Emission Notice to the Colorado Department of Public Health and Environment: <a href="https://www.colorado.gov/pacific/cdphe/air/apens-and-permits">https://www.colorado.gov/pacific/cdphe/air/apens-and-permits</a>		