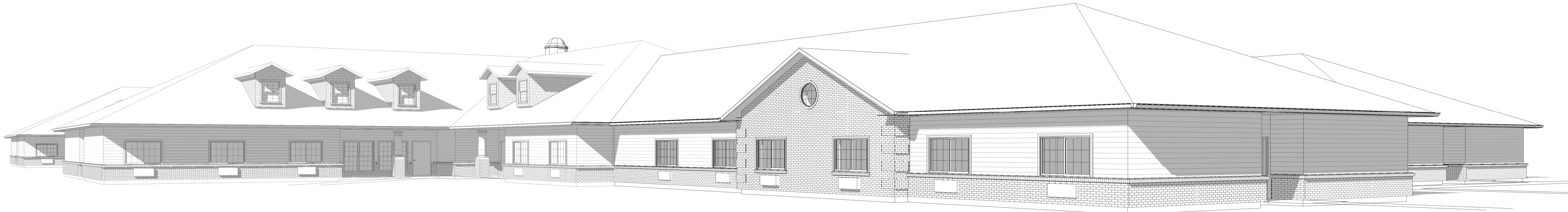


CONSTRUCTION DOCUMENTS  
**SPRINGBROOK NURSING AND REHABILITATION CENTER ADDITION**  
195 SPRINGBROOK AVE, CLAYTON, NC

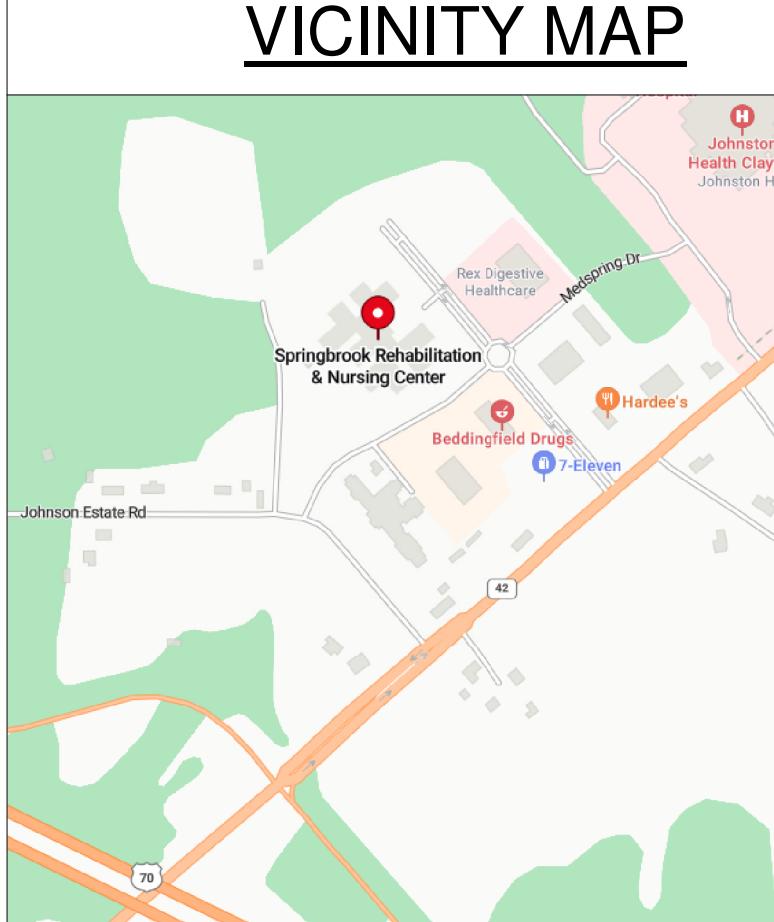


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## Town of Clayton Plan Review Stamp

<b>Department</b>	Review Complete Corrections Req'd	Review Complete w/ Minor Revs	Review Complete No Comments	Review Not Required	<b>Signature Stamp</b>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NC DOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# CIVIL ENGINEER

CURRY ENGINEERING GROUP

205 S. FUQUAY AVE.

CURRY ENGINEERING GROUP  
205 S. FUQUAY AVE.,  
FUQUAY-VARINA, NC  
(919) 552-0849

# LANDSCAPE ARCHITECT

# STUDIO WALES

architecture

# STRUCTURAL ENGINEER

LABELLA ASSOC.  
400 S. TRYON, STE 1300  
CHARLOTTE, NC

# MEP ENGINEER

LABELLA ASSOC.  
100 S. TRYON, STE 1300  
CHARLOTTE, NC

## ABBREVIATIONS

&	and	C.H.	ceiling height	E.C.	electrical contractor	H.B.	hose bibb	MBR.	member	R.	riser, radius	SW.	switch
∠	angle	C.I.	cast iron	E.J.	expansion joint	H.C.	hollow core	MECH.	mechanic (al)	R.A.	return air	SYM.	symmetry (ical)
@	at	C.J.	control joint	E.W.C.	electric water cooler	H.M.	hollow metal	MED.	medium	R.C.P.	reinforced concrete pipe	T&B.	top and bottom
∅	centerline	C.M.T.	ceramic mosaic tile	EA.	each	H.P.	horsepower	MEMB.	membrane	R.D.	roof drain	T&G.	tongue and groove
[	channel	C.M.U.	concrete masonry unit	ELAS.	elastometric	HDW.	hardware	MET.	metal	R.H.	right hand	T.	tread
⊥	diameter or round	C.T.	ceramic tile	ELEC.	electric (al)	HDWD.	hardwood	MEZZ.	mezzanine	R.O.	rough opening	T.C.	top of curb
‡	channel	C.to C.	center to center	ELEC. CAB.	electric cabinet	HORIZ.	horizontal	MFGR.	manufacture (er)	R.O.W.	right of way	T.P.	top of pavement
Ø	diameter or round	CAB.	cabinet	EMER.	emergency	HT.	height	MIN.	minimum	REBAR.	reinforcing bar	T.P.D.	toilet paper dispense
⊥	perpendicular	CARP.	carpet	ENCL.	enclose (ure)	HVAC.	heating/ventilating	MISC.	miscellaneous	REC.	recessed	T.W.	top of wall
PL	plate	CEM.	cement	ENTR.	entrance	HWY.	/air conditioning	MOD.	modified	RECT.	rectangular	TEL.	telephone
#	pound or number	CER.	ceramic	EQ.	equal	HWY.	highway	MTD.	mounted	REF.	reference	TEMP.	tempered or tempera
A.B.	anchor bolt	CLG.	ceiling	EQUIP.	equipment	I.P.S.	iron pipe size	MUL.	mullion	REFR'G.	refrigerator	TERZ.	terrazzo
A.F.F.	above finish floor	CLO.	closet	ESTB.	establish	ID.	inside diameter	N.	north	REG.	register	THK.	thick (ness)
A.P.	access panel	CLR.	clear	EXP.	expansion	IN.	inches	N.C.B.C.	2012 NC building code	REINF.	reinforced	THRES.	threshold
A.C.T.	acoustical tile ceiling	CNTR.	counter	EXSTG.	existing	INCL.	include (ed) (sion)	N.I.C.	not in contract	REQ.	required	TLT.	toilet
A/C.	air conditioning	COL.	column	EXT.	exterior	INSUL.	insulation (ed)	N.T.S.	not to scale	RESIL.	resilient	T.O.F.	top of footing
ABV.	above	COMP.	composition	F.B.O.	furnished by others	INT'R.	interior	NO. or #	number	RET.	return	TV.	television
ACOUS.	acoustical	CONC.	concrete	F.D.	floor drain	INV.	invert	NOM.	nominal	REV.	revisions(s), revised	TYP.	typical
ADD.	addendum	CONN.	connection	F.E.	fire extinguisher	INV. EL.	invert elevation	O. to O.	out to out	RFG.	roofing	U.O.N.	unless otherwise no
ADJ.	adjacent or adjustable	CONSTR.	construction	F.E.C.	fire extinguisher cab.	JAN.	janitor	O.C.	on center (s)	RM.	room	UNFIN.	unfinished
AGG.	aggregate	CONT.	continuous	F.H.C.	fire hose cabinet	JT.	joint	O.D.	outside diameter	S-P.	single-ply	UTIL.	utility
AL.	aluminum	CONTR.	contractor	F.O.C.	face of concrete	K.D.	kiln dried or knock down	OFF.	office	S.	south	V.B.	vinyl base
ALT.	alternate	CORR.	corridor	F.O.F.	face of finish	KIT.	kitchen	O.H.	opposite hand	S.C.	solid core	V.C.T.	vinyl composition tile
ANOD.	anodize	CSMT.	casement	F.O.S.	face of studs	KO.	knockout	OPN'G.	opening	S.C.J.	structural control joint	V.I.F.	verify in field
APPROX.	approximate	CTR.	center	F.S.	full size	L.	left, length	OPP.	opposite	S.D.	soap dispenser or storm	V.F.	vinyl fabric
APT.	apartment	CTSK.	countersink (sunk)	F.T.F.	face to face	L.H.	left hand	OUT.	outvert	DR.	drain	V.T.	vinyl tile
ARCHT.	architect (ural)	D.	diameter	FDN.	foundation	L.H.	left hand	OZ.	ounce	S.N.D.	sanitary napkin dispenser	V.W.F.	vinyl wall fabric
AUTO.	automatic	D.F.	drinking fountain	FIN.	finish (ed)	L.L.	live load	P.C.	plumbing contractor	S.N.R.	sanitary napkin receptacle	VENT.	ventilating
AVG.	average	D.H.	double hung	FL.	floor (ing)	L.P.	low point	P.C.F.	pounds per cubic foot	S.S.	stainless steel	VERT.	vertical
B.U.R.	built-up roofing	D.L.	dead load	FLASH'G.	flashing	L.R.	living room	P.L.F.	pounds per lineal foot	S.T.C.	sound transmission	VEST.	vestibule
BD.	board	DBL.	double	FLUOR.	fluorescent	L.W.	lightweight	P.LAM.	plastic laminate	CLASS.	classification	VOL.	volume
BEV.	beveled	DEM.	demolish, demolition	FRPF.	fireproof (ing)	LAB.	laboratory	P.S.F.	pounds per square foot	S4S.	surfaced 4 sides	W.	west, women
BITUM.	bituminous	DEPT.	department	F.P.W.H.	freeze proof wall hydrant	LAM.	laminate (d)	P.S.I.	pounds per square inch	SAN.	sanitary	W.C.	water closet
BLDG.	building	DIAG.	diagonal, diagram	FT.	foot or feet	LAV.	lavatory	P.T.D.	paper towel dispenser	SCHED.	schedule	W.F.	wide flange
BLK.	block	DIFF.	diffuser	FTG.	footing	LT.	light	P.T.R.	paper towel receptacle	SECT.	section	W.I.	wrought iron
BLKG.	blocking	DIM.	dimension	FURN.	furnish	LTG.	lighting	PLAS.	plaster	SFTWD.	softwood	W.W.F.	welded wire fabric
BM.	beam or bench mark	DMT.	demountable	FURR.	furring	LVR.	louver	PLYWD.	plywood	SHT.	sheet	W/	with
BR.	bedroom	DN.	down	FUT.	future	M.C.	medicine cabinet or	PNL.	panel	SIM.	similar	W/O	without
BRCG.	bracing	DO.	door opening	F.V.	field verify	M.H.	mechanical contractor	PNT(d).	paint (ed)	SPEC.	specification	WD.	wood
BRG.	bearing	DR.	door	G.B.	grab bar	M.O.	manhole	PR.	pair	SQ. FT.	square foot	WDW.	window
BSMT.	basement	DS.	downspout	G.C.	general contractor	MACH.	masonry opening	PT.	point	STD.	standard	WP.	waterproofing
BTW.	between	DTL.	detail	GA.	gage, gauge	MATL.	mechanical contractor	PTD.	paper towel dispenser	STL.	steel	WSCT.	wainscot
C.B.	catch basin	DWG.	drawing	GALV.	galvanized	MAINT.	maintenance	PTN.	partition	STOR.	storage	WT.	weight
		DWR.	drawer	GL.	glass, glazing	MAS.	masonry	PVC.	polyvinyl chloride	STRUC.	structure (al)	YD.	yard
				GR.	grade	MATL.	material (s)	PVMT.	pavement	SURF.	surface		

## DETAIL REFERENCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
A					5A 6A								A
B			3B	5B 6B	7B			9B		11B			B
C				5C									C
D			3D	5D	7D			9D		11D			D
E													E
F				5F									F
G													G
H				5H				9H		11H			H
	1	2	3	4	5	6	7	8	9	10	11	12	13

DETAILS ARE REFERENCED ACCORDING TO THEIR POSITION ON THE DRAWING SHEET. THE SYSTEM IS SIMILAR TO THAT OF A MAP. THE DRAWING SHEET IS DIVIDED INTO A GRID WITH LETTERS ON THE SIDES AND NUMBERS GOING ACROSS AS SHOWN ABOVE. FOR EXAMPLE DETAIL 2A-45-22 WOULD BE FOUND

## SYMBOLS

DETAIL NUMBER 1H  
A9.02  
SHEET NUMBER  
SECTION REFERENCE  
COLUMN GRID DESIGNATION  
EXTERIOR ELEVATION REFERENCE  
WINDOW\LOUVER\OTHER OPENING  
DETAIL REFERENCE /  
LARGE SCALE PLAN REFERENCE  
NEW SPOT ELEVATION  
INTERIOR ELEVATION REFERENCE  
EXISTING SPOT ELEVATION  
SPECIAL WALL TYPE  
DOOR NUMBER  
REVISION  
REFERENCE TO TYPICAL NOTE  
ROOMNAME  
ROOM NAME & NUMBER  
PLAN NORTH  
N  
NORTH ARROWS

## MATERIAL DESIGNATIONS

	EARTH		FINISHED WOOD
	GRAVEL		PLYWOOD
	CONCRETE		ROUGH WOOD FRAMING
	TERRAZZO		BLOCKING
	PLASTER, SAND, GROUT		BATT INSULATION
	BRICK		RIGID INSULATION
	CMU		ACOUSTICAL TILE
	75% SOLID CMU		CERAMIC TILE

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   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <b>2018 APPENDIX B<br/>BUILDING CODE SUMMARY<br/>FOR ALL COMMERCIAL PROJECTS<br/>(EXCEPT 1 AND 2-FAMILY DWELLINGS AND TOWNHOUSES)</b>  
   
   |   |   |   |   |  |                                |                                  |                               |   | <b>STUDIO WALES</b><br>architecture<br><br>3151 MILHAVEN LAKE DR., WINSTON-SALEM, NC 27106<br>p. 414.704.6764   www.STUDIO-WALES.com                            |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 10%;">Name of Project:</td> <td colspan="8">SPRINGBROOK NURSING AND REHABILITATION CENTER ADDITION</td> </tr> <tr> <td colspan="2">Address:</td> <td colspan="8">195 SPRINGBROOK AVE., CLAYTON, NC</td> </tr> <tr> <td colspan="2">Proposed Use:</td> <td colspan="8">NURSING HOME</td> </tr> <tr> <td colspan="2">Owner/Authorized Agent:</td> <td colspan="8">JOE WHITE Phone #: 919-428-7361 E-Mail: JONWHITE.NC@OUTLOOK.COM</td> </tr> <tr> <td colspan="2">Owned By:</td> <td colspan="2"><input type="checkbox"/> City / County</td> <td colspan="2"><input checked="" type="checkbox"/> Private</td> <td colspan="2"><input type="checkbox"/> State</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">Code Enforcement Jurisdiction:</td> <td colspan="2"><input type="checkbox"/> City</td> <td colspan="2"><input checked="" type="checkbox"/> County JOHNSTON</td> <td colspan="2"><input type="checkbox"/> State</td> <td colspan="4"></td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">CONTACT:</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DESIGNER:</td> <td colspan="2">FIRM: STUDIO WALES</td> <td colspan="2">NAME: KEITH WALES JR.</td> <td colspan="2">LICENSE #: 13140</td> <td colspan="2">TELEPHONE #: 414-704-6764</td> <td colspan="2">E-MAIL: KEITH@STUDIO-WALES.COM</td> </tr> <tr> <td>Civil</td> <td colspan="2">CURRY ENGINEERING GROUP</td> <td colspan="2">JARED MATTHEWS</td> <td colspan="2">048484</td> <td colspan="2">919-552-0849</td> <td colspan="2">JARED@CURRYENG.COM</td> </tr> <tr> <td>Electrical</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">KEVIN HOWARD</td> <td colspan="2">04598</td> <td colspan="2">704-376-6423</td> <td colspan="2">KHOWARD@LABELLAPC.COM</td> </tr> <tr> <td>Fire Alarm</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">KEVIN HOWARD</td> <td colspan="2">04598</td> <td colspan="2">704-376-6423</td> <td colspan="2">KHOWARD@LABELLAPC.COM</td> </tr> <tr> <td>Plumbing</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">MICHAEL GROSE</td> <td colspan="2">047719</td> <td colspan="2">704-376-6423</td> <td colspan="2">MGROSE@LABELLAPC.COM</td> </tr> <tr> <td>Mechanical</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">MICHAEL GROSE</td> <td colspan="2">047719</td> <td colspan="2">704-376-6423</td> <td colspan="2">MGROSE@LABELLAPC.COM</td> </tr> <tr> <td>Sprinkler-Standpipe</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">PROVIDED BY GC / SPRINKLER SUB-CONTRACTOR</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>Structural</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">DAN HILL</td> <td colspan="2">040156</td> <td colspan="2">704-376-6423</td> <td colspan="2">DHILL@LABELLAPC.COM</td> </tr> <tr> <td>Retaining Walls&gt;5</td> <td colspan="2">High LABELLA ASSOC.</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>Landscape</td> <td colspan="2">N/A</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">2018 EDITION OF NC CODE FOR:</td> </tr> <tr> <td colspan="10"> <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> 1st Time Interior<br/> <input type="checkbox"/> Shell / Core <input type="checkbox"/> Phased Construction - Shell / Core<br/> <input type="checkbox"/> Prescriptive <input type="checkbox"/> Repair <input type="checkbox"/> Ch. 14 <input type="checkbox"/> Historic Property </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">2018 EXISTING BUILDING CODE:</td> </tr> <tr> <td colspan="10"> <input type="checkbox"/> Prescriptive <input type="checkbox"/> Repair <input type="checkbox"/> Ch. 14 <input type="checkbox"/> Historic Property<br/> <input type="checkbox"/> Alteration: <input type="checkbox"/> Level 1 <input checked="" type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Change of Use </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">CONSTRUCTED: (date) 2014 CURRENT OCCUPANCY (Ch. 3): <input type="checkbox"/> I-2, CONDITION 1</td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">RENOVATED: (date) - PROPOSED OCCUPANCY (Ch. 3): <input type="checkbox"/> I-2, CONDITION 1</td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">RISK CATEGORY (NCBC1604.5)</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Current:</td> <td colspan="2"><input type="checkbox"/> I</td> <td colspan="2"><input type="checkbox"/> II</td> <td colspan="2"><input checked="" type="checkbox"/> III</td> <td colspan="2"><input type="checkbox"/> IV</td> <td></td> </tr> <tr> <td>Proposed:</td> <td colspan="2"><input type="checkbox"/> I</td> <td colspan="2"><input type="checkbox"/> II</td> <td colspan="2"><input checked="" type="checkbox"/> III</td> <td colspan="2"><input type="checkbox"/> IV</td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">BASIC BUILDING DATA:</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Construction Type:</td> <td colspan="2"><input type="checkbox"/> I-A</td> <td colspan="2"><input type="checkbox"/> II-A</td> <td colspan="2"><input type="checkbox"/> III-A</td> <td colspan="2"><input type="checkbox"/> IV</td> <td><input checked="" type="checkbox"/> V-A</td> </tr> <tr> <td>(check all that apply)</td> <td colspan="2"><input type="checkbox"/> I-B</td> <td colspan="2"><input type="checkbox"/> II-B</td> <td colspan="2"><input type="checkbox"/> III-B</td> <td colspan="2"><input type="checkbox"/> IV-B</td> <td></td> </tr> <tr> <td>Sprinklers:</td> <td colspan="2"><input type="checkbox"/> No</td> <td colspan="2"><input type="checkbox"/> Partial</td> <td colspan="2"><input checked="" type="checkbox"/> Yes*</td> <td colspan="2"><input type="checkbox"/> NFPA 13</td> <td><input type="checkbox"/> NFPA 13R</td> </tr> <tr> <td>Standpipes:</td> <td colspan="2"><input type="checkbox"/> No</td> <td colspan="2"><input checked="" type="checkbox"/> Yes</td> <td colspan="2"><input type="checkbox"/> Class I</td> <td colspan="2"><input type="checkbox"/> II</td> <td><input type="checkbox"/> III</td> </tr> <tr> <td>Fire District:</td> <td colspan="2"><input type="checkbox"/> No</td> <td colspan="2"><input type="checkbox"/> Yes</td> <td colspan="2"><input type="checkbox"/> Flood Hazard Area: <input checked="" type="checkbox"/> No</td> <td colspan="2"><input type="checkbox"/> Yes</td> <td></td> </tr> <tr> <td>Special Insp.</td> <td colspan="9"><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - NCFC 909.5 - SMOKING PRESSURE, SEE ALSO STRUCTURAL DWGS.</td> </tr> </table> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Gross Building Area:</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">FLOOR</td> <td colspan="2">EXISTING (SQ. FT.)</td> <td colspan="2">NEW (SQ. FT.)</td> <td colspan="4">SUB-TOTAL (SQ. FT.)</td> </tr> <tr> <td>FLOOR 3</td> <td colspan="2">- SF</td> <td colspan="2">- SF</td> <td colspan="4">- SF</td> </tr> <tr> <td>FLOOR 2</td> <td colspan="2">- SF</td> <td colspan="2">- SF</td> <td colspan="4">- SF</td> </tr> <tr> <td>BUILDING C - LEVEL 1</td> <td colspan="2">26,070 SF</td> <td colspan="2">8,172 SF</td> <td colspan="4">34,242 SF</td> </tr> <tr> <td>BUILDING B - LEVEL 1</td> <td colspan="2">12,704 SF</td> <td colspan="2">0 SF</td> <td colspan="4">12,704 SF</td> </tr> <tr> <td>BUILDING A - LEVEL 1</td> <td colspan="2">26,290 SF</td> <td colspan="2">0 SF</td> <td colspan="4">26,290 SF</td> </tr> <tr> <td>TOTAL</td> <td colspan="2">65,064 SF</td> <td colspan="2">8,172 SF</td> <td colspan="4">73,236 SF</td> </tr> </table> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">*AREA INCLUDES INTERIOR SF AND COVERED EXTERIOR AREA</td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">**AREA INCLUDES INTERIOR SF &amp; EXTERIOR DECKS</td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Occupancy:</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Assembly</td> <td colspan="2"><input type="checkbox"/> A-1</td> <td colspan="2"><input checked="" type="checkbox"/> A-2</td> <td colspan="2"><input type="checkbox"/> A-3</td> <td colspan="2"><input type="checkbox"/> A-4</td> <td><input type="checkbox"/> A-5</td> </tr> <tr> <td>Business</td> <td colspan="9"><input type="checkbox"/> </td> </tr> <tr> <td>Educational</td> <td colspan="9"><input type="checkbox"/> </td> </tr> <tr> <td>Factory</td> <td colspan="9"><input type="checkbox"/> F-1 Moderate <input type="checkbox"/> F-2 Low</td> </tr> <tr> <td>Hazardous</td> <td colspan="9"><input type="checkbox"/> H-1 Detonate <input type="checkbox"/> H-2 Deflagrate <input type="checkbox"/> H-3 Combust <input type="checkbox"/> H-4 Health <input type="checkbox"/> H-5 HPM</td> </tr> <tr> <td>Institutional</td> <td colspan="9"><input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> I-5</td> </tr> <tr> <td>Merchandise</td> <td colspan="9"><input type="checkbox"/> </td> </tr> <tr> <td>Residential</td> <td colspan="9"><input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4</td> </tr>
<tr> <td>Storage</td> <td colspan="9"><input type="checkbox"/> S-1 Moderate <input type="checkbox"/> S-2 Low <input type="checkbox"/> S-3 High-piled</td> </tr> <tr> <td>Utility and Miscellaneous</td> <td colspan="9"><input type="checkbox"/> </td> </tr> </table> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Accessory Occupancy Classification(s): <input type="checkbox"/> B, <input type="checkbox"/> S-1 EA. LESS THAN 10%</td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Incidental Uses (Table 509): <input type="checkbox"/> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Special Uses (Ch.4 - List Sections): <input type="checkbox"/> 407</td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Special Provisions (Ch.5 - List Sections): <input type="checkbox"/> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Mixed Occupancy: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Separation: <input type="checkbox"/> - Hr. Exception: <input type="checkbox"/> -</td> </tr> <tr> <td colspan="10"> <p><input type="checkbox"/> Non-Separated Use (508.3)<br/>The required type of construction for the building shall be determined by applying the height and area limitations for each of the applicable occupancies to the entire building. The most restrictive type of construction, as determined, shall apply to the entire building.</p> <p><input type="checkbox"/> Separated Use (508.4) - See below for area calculations for each story, the area of the occupancy shall be such that the sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1.</p> <p><i>Actual Area of Occupancy</i> + <i>B Actual Area of Occupancy</i> ≤ 1<br/> <i>A Allowable Area of Occupancy</i> + <i>B Allowable Area of Occupancy</i> ≤ 1.00</p> <p>* Indicates section number permitting reduction<br/>** All code references are for NC Building Code, U.N.O.<br/>*** Indicates calculated equivalent thickness</p> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">PERCENTAGE OF WALL OPENING CALCULATIONS</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINES</td> <td colspan="2">DEGREE OF OPENING PROTECTION (TABLE 705.8)</td> <td colspan="2">ALLOWABLE AREA (%)</td> <td colspan="4">ACTUAL SHOWN ON PLANS (%)</td> </tr> <tr> <td>SOUTH &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">27%</td> </tr> <tr> <td>NORTH &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">16%</td> </tr> <tr> <td>WEST &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">21%</td> </tr> <tr> <td>EAST &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">21%</td> </tr> </table> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">LATERAL DESIGN CONTROL:</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">SOIL BEARING CAPACITIES:</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Field Test (provide copy of test report)</td> <td colspan="2">- psf</td> <td colspan="2">Prescriptive Bearing Capacity</td> <td colspan="2">- psf</td> <td colspan="2">Site size, type, and capacity</td> </tr> </table> </td> </tr> </table> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">SPECIAL INSPECTIONS REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">PLUMBING FIXTURE REQUIREMENTS NO CHANGE IN OCCUPANCY OR FIXTURES PROVIDED IN RENOVATION AREA, AREA OF ADDITION IS ONLY CARE RECEIPIENTS WHICH MEETS NC DHR REQS</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">WATERCLOSETS</td> <td colspan="2">URINALS</td> <td colspan="2">LAVATORIES</td> <td colspan="2">SHOWERS/ TUBS</td> <td colspan="2">DRINKING FOUNTAINS</td> <td colspan="2">ACCESSIBLE</td> </tr> <tr> <td>Male</td> <td>Female</td> <td>Unisex</td> <td>Male</td> <td>Female</td> <td>Unisex</td> <td>Tubs</td> <td>Regular</td> <td></td> <td>Accessible</td> </tr> </table> </td> </tr> <tr> <td>Floor 1 Existing</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Floor 1 New</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Floor 1 Required*</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Floor 2 Existing</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Floor 2 New</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Floor 2 Required*</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </table> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">SPECIAL APPROVALS - N/A</td> </tr> <tr> <td colspan="10"> <p>Special approval: (Local Jurisdiction, Department of Insurance, OSC, DPI, DHHS, ICC, etc., describe below)</p> <p>Division of Health Service Regulation at NC Department of Health and Human Services, Johnston County Health Dept.</p> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">ENERGY REQUIREMENTS:</td> </tr> <tr> <td colspan="10"> <p>The following data shall be considered minimum and any special attribute required to meet the energy code shall also be provided. Each Designer shall furnish the required portions of the project information for the plan data sheet. If performance method, state the annual energy cost for the standard reference design vs annual energy cost for the proposed design.</p> <p>Existing building envelope complies w/ code <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Remainder of section is not applicable)</p> </td> </tr> <tr> <td colspan="10"> <p>Exempt Building <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (Provide Code Reference)</p> <p>Climate Zone: <input type="checkbox"/> 3A <input type="checkbox"/> 4A <input type="checkbox"/> 5A</p> <p>Method of Compliance:</p> <p><input checked="" type="checkbox"/> Prescriptive (Energy Code) <input type="checkbox"/> Prescriptive (ASHRAE 90.1)<br/> <input type="checkbox"/> Performance (Energy Code) <input type="checkbox"/> Performance (ASHRAE 90.1)</p> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">THERMAL ENVELOPE *NO MODIFICATION TO THERMAL ENVELOPE [NCEBC 2018 811.1]</td> </tr> <tr> <td colspan="10"> <p>Roof/ceiling Assembly (each assembly)</p> <p>Description of Assembly: <input type="checkbox"/> WOOD FRAME W/ SHINGLES</p> <p>U-Value of total assembly: <input type="checkbox"/> U-0.027</p> <p>R-Value of insulation: <input type="checkbox"/> R-38</p> <p>Skylights in each assembly: <input type="checkbox"/> 0</p> <p>U-Value of skylight: <input type="checkbox"/> U-0.0 MIN.</p> <p>Total square footage of skylights in each assembly: <input type="checkbox"/> 0 SF</p> </td> </tr> <tr> <td colspan="10"> <p>Exterior Walls (each assembly)</p> <p>Description of Assembly (1): <input type="checkbox"/> WOOD FRAME W/ SIDING</p> <p>U-Value of total assembly: <input type="checkbox"/> U-0.064</p> <p>R-Value of insulation: <input type="checkbox"/> R-20</p> <p>Description of Assembly (2): <input type="checkbox"/> WOOD FRAME W/ MASONRY VENEER</p> <p>U-Value of total assembly: <input type="checkbox"/> U-0.064</p> <p>R-Value of insulation: <input type="checkbox"/> R-20</p> <p>Openings (windows or doors with glazing)</p> <p>U-Value of assembly: <input type="checkbox"/> U-0.45</p> <p>Solar heat gain coefficient: <input type="checkbox"/> 0.25</p> <p>projection factor: <input type="checkbox"/> 0.0</p> <p>Door R-Values: <input type="checkbox"/> U-0.70</p> </td> </tr> <tr> <td colspan="10"> <p>Walls below grade (each assembly)</p> <p>Description of Assembly: <input type="checkbox"/> N/A</p> <p>U-Value of total assembly: <input type="checkbox"/> -</p> <p>R-Value of insulation: <input type="checkbox"/> -</p> <p>Floors over unconditioned space (each assembly)</p> <p>Description of Assembly: <input type="checkbox"/> N/A</p> <p>U-Value of total assembly: <input type="checkbox"/> -</p> <p>R-Value of insulation: <input type="checkbox"/> -</p> <p>Floors slab on grade</p> <p>Description of Assembly: <input type="checkbox"/> CONC. S.O.G.</p> <p>U-Value of total assembly: <input type="checkbox"/> NR</p> <p>R-Value of insulation: <input type="checkbox"/> NR</p> <p>Horizontal/vertical requirement: <input type="checkbox"/> NR</p> <p>slab heated: <input type="checkbox"/> N</p> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">STRUCTURAL DESIGN: (SEE STRUCTURAL DRAWINGS)</td> </tr> <tr> <td colspan="10"> <p>DESIGN LOADS:</p> <p>Importance Factor: Wind (W) <input type="checkbox"/> -<br/>Snow (S) <input type="checkbox"/> -<br/>Seismic (E) <input type="checkbox"/> -</p> <p>Live Loads:</p> <p>Roof <input type="checkbox"/> psf.<br/>Catwalks <input type="checkbox"/> psf.<br/>Floor <input type="checkbox"/> psf.</p> <p>Ground Snow Load: <input type="checkbox"/> psf.</p> <p>Wind Load: Basic Wind Speed <input type="checkbox"/> mph (ASCE-7)<br/>Exposure Category <input type="checkbox"/> -<br/>Wind Base Shears (for MWFRS) Wx =
<input type="checkbox"/> -K Wy = <input type="checkbox"/> -K</p> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">SEISMIC DESIGN CATEGORY: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</td> </tr> <tr> <td colspan="10"> <p>Provide the following Seismic Design Parameters:</p> <p>Occupancy Category (Table 1604.5) I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV</p> <p>Spectral Response Accelerations <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4</p> <p>Site Classification (Table 1613.5.2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F</p> <p>Data Source: <input type="checkbox"/> Field Test <input type="checkbox"/> Presumptive <input type="checkbox"/> Historical Data</p> </td> </tr> <tr> <td colspan="10"> <p>Basic structural system (check one)</p> <p><input type="checkbox"/> Bearing Wall<br/> <input type="checkbox"/> Dual w/Special Moment Frame<br/> <input type="checkbox"/> Dual w/Intermediate R/C or Special Steel<br/> <input type="checkbox"/> Moment Frame<br/> <input type="checkbox"/> Inverted Pendulum</p> <p>Seismic Base Shear: Vx = <input type="checkbox"/> -K Vy = <input type="checkbox"/> -K</p> <p>Analysis Procedure: <input type="checkbox"/> Simplified <input type="checkbox"/> Equivalent Lateral Force <input type="checkbox"/> Dynamic</p> <p>Architectural/Mechanical Components anchored <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </td> </tr> <tr> <td colspan="10"> <p>ELECTRICAL SUMMARY (SEE ELECTRICAL DRAWINGS)</p> <p>ELECTRICAL SYSTEM AND EQUIPMENT</p> <p>Method of Compliance:</p> <p>Energy Code: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance<br/> ASHRAE 90.1: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance</p> <p>Lighting schedule (each fixture type)</p> <p>lamp type required in fixture <input type="checkbox"/> -<br/>number of lamps in fixture <input type="checkbox"/> -<br/>ballast type used in fixture <input type="checkbox"/> -<br/>number of ballasts in fixture <input type="checkbox"/> -<br/>total wattage per fixture <input type="checkbox"/> -<br/>total interior wattage specified vs allowed (whole building or space by space) <input type="checkbox"/> -<br/>total exterior wattage specified vs allowed <input type="checkbox"/> -</p> <p>Additional Prescriptive Compliance</p> <p><input type="checkbox"/> 506.2.1 More Efficient Mechanical Equipment<br/> <input type="checkbox"/> 506.2.2 Reduced Lighting Power Density<br/> <input type="checkbox"/> 506.2.3 Energy Recovery Ventilation Systems<br/> <input type="checkbox"/> 506.2.4 Higher Efficiency Service Water Heating<br/> <input type="checkbox"/> 506.2.5 On-Site Supply of Renewable Energy<br/> <input type="checkbox"/> 506.2.6 Automatic Daylighting Control Systems</p> </td> </tr> <tr> <td colspan="10"> <p>CONSTRUCTION DOCUMENTS FOR CONSTRUCTION</p> <p>No. Description Date</p> <p>date: 02/18/2024<br/>commission: NH-3138</p> <p>sheet title: APPEND</p></td></tr></table> |   |   |   |   |  |                                |                                  |                               |   |   | Name of Project:                           |       | SPRINGBROOK NURSING AND REHABILITATION CENTER ADDITION |                               |   |       |                              |                               |   |  | Address:                     |                         | 195 SPRINGBROOK AVE., CLAYTON, NC |                |   |        |                               |               |      |  | Proposed Use:               |            | NURSING HOME                     |                               |  |       |                                  |                               |                                   |             | Owner/Authorized Agent:  |           | JOE WHITE Phone #: 919-428-7361 E-Mail: JONWHITE.NC@OUTLOOK.COM |                |                                  |                      |                             |         |                              |                | Owned By:   |                       | <input type="checkbox"/> City / County |          | <input checked="" type="checkbox"/> Private  |           | <input type="checkbox"/> State |      |        |               |  |   | Code Enforcement Jurisdiction: |       | <input type="checkbox"/> City |                | <input checked="" type="checkbox"/> County JOHNSTON |               | <input type="checkbox"/> State |             |                          |              |   |                      | CONTACT: |                     |                |   |   |             |   |   |   |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DESIGNER:</td> <td colspan="2">FIRM: STUDIO WALES</td> <td colspan="2">NAME: KEITH WALES JR.</td> <td colspan="2">LICENSE #: 13140</td> <td colspan="2">TELEPHONE #: 414-704-6764</td> <td colspan="2">E-MAIL: KEITH@STUDIO-WALES.COM</td> </tr> <tr> <td>Civil</td> <td colspan="2">CURRY ENGINEERING GROUP</td> <td colspan="2">JARED MATTHEWS</td> <td colspan="2">048484</td> <td colspan="2">919-552-0849</td> <td colspan="2">JARED@CURRYENG.COM</td> </tr> <tr> <td>Electrical</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">KEVIN HOWARD</td> <td colspan="2">04598</td> <td colspan="2">704-376-6423</td> <td colspan="2">KHOWARD@LABELLAPC.COM</td> </tr> <tr> <td>Fire Alarm</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">KEVIN HOWARD</td> <td colspan="2">04598</td> <td colspan="2">704-376-6423</td> <td colspan="2">KHOWARD@LABELLAPC.COM</td> </tr> <tr> <td>Plumbing</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">MICHAEL GROSE</td> <td colspan="2">047719</td> <td colspan="2">704-376-6423</td> <td colspan="2">MGROSE@LABELLAPC.COM</td> </tr> <tr> <td>Mechanical</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">MICHAEL GROSE</td> <td colspan="2">047719</td> <td colspan="2">704-376-6423</td> <td colspan="2">MGROSE@LABELLAPC.COM</td> </tr> <tr> <td>Sprinkler-Standpipe</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">PROVIDED BY GC / SPRINKLER SUB-CONTRACTOR</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>Structural</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">DAN HILL</td> <td colspan="2">040156</td> <td colspan="2">704-376-6423</td> <td colspan="2">DHILL@LABELLAPC.COM</td> </tr> <tr> <td>Retaining Walls&gt;5</td> <td colspan="2">High LABELLA ASSOC.</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>Landscape</td> <td colspan="2">N/A</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> |   |            |                |   |          |  |        |   |              | DESIGNER: | FIRM: STUDIO WALES  |   | NAME: KEITH WALES JR. |                     | LICENSE #: 13140          |                          | TELEPHONE #: 414-704-6764 |   | E-MAIL: KEITH@STUDIO-WALES.COM |   | Civil | CURRY ENGINEERING GROUP |   | JARED MATTHEWS |     | 048484 |  | 919-552-0849 |  | JARED@CURRYENG.COM |  | Electrical | LABELLA ASSOC. |  | KEVIN HOWARD |  | 04598 |  | 704-376-6423 |  | KHOWARD@LABELLAPC.COM |  | Fire Alarm | LABELLA ASSOC. |  | KEVIN HOWARD |  | 04598 |  | 704-376-6423 |  | KHOWARD@LABELLAPC.COM |  | Plumbing | LABELLA ASSOC. |  | MICHAEL GROSE |  | 047719 |  | 704-376-6423 |  | MGROSE@LABELLAPC.COM |  | Mechanical | LABELLA ASSOC. |  | MICHAEL GROSE |  | 047719 |  | 704-376-6423 |  | MGROSE@LABELLAPC.COM |  | Sprinkler-Standpipe | LABELLA ASSOC. |  | PROVIDED BY GC / SPRINKLER SUB-CONTRACTOR |  |  |  |  |  |  |  | Structural | LABELLA ASSOC. |  | DAN HILL |  | 040156 |  | 704-376-6423 |  | DHILL@LABELLAPC.COM |  | Retaining Walls>5 | High LABELLA ASSOC. |  |  |  |  |  |  |  |  | 
| Landscape | N/A |  |  |  |  |  |  |  |  |  | 2018 EDITION OF NC CODE FOR: |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> 1st Time Interior<br><input type="checkbox"/> Shell / Core <input type="checkbox"/> Phased Construction - Shell / Core<br><input type="checkbox"/> Prescriptive <input type="checkbox"/> Repair <input type="checkbox"/> Ch. 14 <input type="checkbox"/> Historic Property |  |  |  |  |  |  |  |  |  | 2018 EXISTING BUILDING CODE: |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Prescriptive <input type="checkbox"/> Repair <input type="checkbox"/> Ch. 14 <input type="checkbox"/> Historic Property<br><input type="checkbox"/> Alteration: <input type="checkbox"/> Level 1 <input checked="" type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Change of Use |  |  |  |  |  |  |  |  |  | CONSTRUCTED: (date) 2014 CURRENT OCCUPANCY (Ch. 3): <input type="checkbox"/> I-2, CONDITION 1 |  |  |  |  |  |  |  |  |  | RENOVATED: (date) - PROPOSED OCCUPANCY (Ch. 3): <input type="checkbox"/> I-2, CONDITION 1 |  |  |  |  |  |  |  |  |  | RISK CATEGORY (NCBC1604.5) |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; 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border-collapse: collapse;"> <tr> <td style="width: 10%;">FLOOR</td> <td colspan="2">EXISTING (SQ. FT.)</td> <td colspan="2">NEW (SQ. FT.)</td> <td colspan="4">SUB-TOTAL (SQ. FT.)</td> </tr> <tr> <td>FLOOR 3</td> <td colspan="2">- SF</td> <td colspan="2">- SF</td> <td colspan="4">- SF</td> </tr> <tr> <td>FLOOR 2</td> <td colspan="2">- SF</td> <td colspan="2">- SF</td> <td colspan="4">- SF</td> </tr> <tr> <td>BUILDING C - LEVEL 1</td> <td colspan="2">26,070 SF</td> <td colspan="2">8,172 SF</td> <td colspan="4">34,242 SF</td> </tr> <tr> <td>BUILDING B - LEVEL 1</td> <td colspan="2">12,704 SF</td> <td colspan="2">0 SF</td> <td colspan="4">12,704 SF</td> </tr> <tr> <td>BUILDING A - LEVEL 1</td> <td colspan="2">26,290 SF</td> <td colspan="2">0 SF</td> <td colspan="4">26,290 SF</td> </tr> <tr> <td>TOTAL</td> <td colspan="2">65,064 SF</td> <td colspan="2">8,172 SF</td> <td colspan="4">73,236 SF</td> </tr> </table> |  |  |  |  |  |  |  |  |  | FLOOR | EXISTING (SQ. FT.) |  | NEW (SQ. FT.) |  | SUB-TOTAL (SQ. FT.) |  |  |  | FLOOR 3 | - SF |  | - SF |  | - SF |  |  |  | FLOOR 2 | - SF |  | - SF |  | - SF |  |  |  | BUILDING C - LEVEL 1 | 26,070 SF |  | 8,172 SF |  | 34,242 SF |  |  |  | BUILDING B - LEVEL 1 | 12,704 SF |  | 0 SF |  | 12,704 SF |  |  |  | BUILDING A - LEVEL 1 | 26,290 SF |  | 0 SF |  | 26,290 SF |  |  |  | TOTAL | 65,064 SF |  | 8,172 SF |  | 73,236 SF |  |  |  | *AREA INCLUDES INTERIOR SF AND COVERED EXTERIOR AREA |  |  |  |  |  |  |  |  |  | **AREA INCLUDES INTERIOR SF & EXTERIOR DECKS |  |  |  |  |  |  |  |  |  | Occupancy: |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Assembly</td> <td colspan="2"><input type="checkbox"/> A-1</td> <td colspan="2"><input checked="" type="checkbox"/> A-2</td> <td colspan="2"><input type="checkbox"/> A-3</td> <td colspan="2"><input type="checkbox"/> A-4</td> <td><input type="checkbox"/> A-5</td> </tr> <tr> <td>Business</td> <td colspan="9"><input type="checkbox"/> </td> </tr> <tr> <td>Educational</td> <td colspan="9"><input type="checkbox"/> </td> </tr> <tr> <td>Factory</td> <td colspan="9"><input type="checkbox"/> F-1 Moderate <input type="checkbox"/> F-2 Low</td> </tr> <tr> <td>Hazardous</td> <td colspan="9"><input type="checkbox"/> H-1 Detonate <input type="checkbox"/> H-2 Deflagrate <input type="checkbox"/> H-3 Combust <input type="checkbox"/> H-4 Health <input type="checkbox"/> H-5 HPM</td> </tr> <tr> <td>Institutional</td> <td colspan="9"><input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> I-5</td> </tr> <tr> <td>Merchandise</td> <td colspan="9"><input type="checkbox"/> </td> </tr> <tr> <td>Residential</td> <td colspan="9"><input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4</td> </tr> <tr> <td>Storage</td> <td colspan="9"><input type="checkbox"/> S-1 Moderate <input type="checkbox"/> S-2 Low <input type="checkbox"/> S-3 High-piled</td> </tr> <tr> <td>Utility and Miscellaneous</td> <td colspan="9"><input type="checkbox"/> </td> </tr> </table> |  |  |  |  |  |  |  |  |  | Assembly | <input type="checkbox"/> A-1 |  | <input checked="" type="checkbox"/> A-2 |  | <input type="checkbox"/> A-3 |  | <input type="checkbox"/> A-4 |  | <input type="checkbox"/> A-5 | Business | <input type="checkbox"/> |  |  |  |  |  |  |  |  | Educational | <input type="checkbox"/> |  |  |  |  |  |  |  |  | Factory | <input type="checkbox"/> F-1 Moderate <input type="checkbox"/> F-2 Low |  |  |  |  |  |  |  |  | Hazardous | <input type="checkbox"/> H-1 Detonate <input type="checkbox"/> H-2 Deflagrate <input type="checkbox"/> H-3 Combust <input type="checkbox"/> H-4 Health <input type="checkbox"/> H-5 HPM |  |  |  |  |  |  |  |  | Institutional | <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> I-5 |  |  |  |  |  |  |  |  | Merchandise | <input type="checkbox"/> |  |  |  |  |  |  |  |  | Residential | <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 |  |  |  |  |  |  |  |  | Storage | <input type="checkbox"/> S-1 Moderate <input type="checkbox"/> S-2 Low <input type="checkbox"/> S-3 High-piled |  |  |  |  |  |  |  |  | Utility and Miscellaneous | <input type="checkbox"/> |  |  |  |  |  |  |  |  | Accessory Occupancy Classification(s): <input type="checkbox"/> B, <input type="checkbox"/> S-1 EA. LESS THAN 10% |  |  |  |  |  |  |  |  |  | Incidental Uses (Table 509): <input type="checkbox"/> |  |  |  |  |  |  |  |  |  | Special Uses (Ch.4 - List Sections): <input type="checkbox"/> 407 |  |  |  | 
|  |  |  |  |  | Special Provisions (Ch.5 - List Sections): <input type="checkbox"/> |  |  |  |  |  |  |  |  |  | Mixed Occupancy: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Separation: <input type="checkbox"/> - Hr. Exception: <input type="checkbox"/> - |  |  |  |  |  |  |  |  |  | <p><input type="checkbox"/> Non-Separated Use (508.3)<br/>The required type of construction for the building shall be determined by applying the height and area limitations for each of the applicable occupancies to the entire building. The most restrictive type of construction, as determined, shall apply to the entire building.</p> <p><input type="checkbox"/> Separated Use (508.4) - See below for area calculations for each story, the area of the occupancy shall be such that the sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1.</p> <p><i>Actual Area of Occupancy</i> + <i>B Actual Area of Occupancy</i> ≤ 1<br/> <i>A Allowable Area of Occupancy</i> + <i>B Allowable Area of Occupancy</i> ≤ 1.00</p> <p>* Indicates section number permitting reduction<br/>** All code references are for NC Building Code, U.N.O.<br/>*** Indicates calculated equivalent thickness</p> |  |  |  |  |  |  |  |  |  | PERCENTAGE OF WALL OPENING CALCULATIONS |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINES</td> <td colspan="2">DEGREE OF OPENING PROTECTION (TABLE 705.8)</td> <td colspan="2">ALLOWABLE AREA (%)</td> <td colspan="4">ACTUAL SHOWN ON PLANS (%)</td> </tr> <tr> <td>SOUTH &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">27%</td> </tr> <tr> <td>NORTH &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">16%</td> </tr> <tr> <td>WEST &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">21%</td> </tr> <tr> <td>EAST &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">21%</td> </tr> </table> |  |  |  |  |  |  |  |  |  | FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINES | DEGREE OF OPENING PROTECTION (TABLE 705.8) |  | ALLOWABLE AREA (%) |  | ACTUAL SHOWN ON PLANS (%) |  |  |  | SOUTH >30'-0" | UP,S |  | NO LIMIT |  | 27% |  |  |  | NORTH >30'-0" | UP,S |  | NO LIMIT |  | 16% |  |  |  | WEST >30'-0" | UP,S |  | NO LIMIT |  | 21% |  |  |  | EAST >30'-0" | UP,S |  | NO LIMIT |  | 21% |  |  |  | LATERAL DESIGN CONTROL: |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">SOIL BEARING CAPACITIES:</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Field Test (provide copy of test report)</td> <td colspan="2">- psf</td> <td colspan="2">Prescriptive Bearing Capacity</td> <td colspan="2">- psf</td> <td colspan="2">Site size, type, and capacity</td> </tr> </table> </td> </tr> </table> |  |  |  |  |  |  |  |  |  | SOIL BEARING CAPACITIES: |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Field Test (provide copy of test report)</td> <td colspan="2">- psf</td> <td colspan="2">Prescriptive Bearing Capacity</td> <td colspan="2">- psf</td> <td colspan="2">Site size, type, and capacity</td> </tr> </table> |  |  |  |  |  |  |  |  |  | Field Test (provide copy of test report) |  | - psf |  | Prescriptive Bearing Capacity |  | - psf |  | Site size, type, and capacity |  | SPECIAL INSPECTIONS REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; 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border-collapse: collapse;"> <tr> <td style="width: 10%;">WATERCLOSETS</td> <td colspan="2">URINALS</td> <td colspan="2">LAVATORIES</td> <td colspan="2">SHOWERS/ TUBS</td> <td colspan="2">DRINKING FOUNTAINS</td> <td colspan="2">ACCESSIBLE</td> </tr> <tr> <td>Male</td> <td>Female</td> <td>Unisex</td> <td>Male</td> <td>Female</td> <td>Unisex</td> <td>Tubs</td> <td>Regular</td> <td></td> <td>Accessible</td> </tr> </table> |  |  |  |  |  |  |  |  |  | WATERCLOSETS | URINALS |  | LAVATORIES |  | SHOWERS/ TUBS |  | DRINKING FOUNTAINS |  | ACCESSIBLE |  | Male | Female | Unisex | Male | Female | Unisex | Tubs | Regular |  | Accessible | Floor 1 Existing | - | - | - | - | - | - | - | - | - | Floor 1 New | - | - | - | - | - | - | - | - | - | Floor 1 Required* | - | - | - | - | - | - | - | - | - | Floor 2 Existing | - | - | - | - | - | - | - | - | - | Floor 2 New | - | - | - | - | - | - | - | - | - | Floor 2 Required* | - | - | - | - | - | - | - | - | - | SPECIAL APPROVALS - N/A |  |  |  |  |  |  |  |  |  | <p>Special approval: (Local Jurisdiction, Department of Insurance, OSC, DPI, DHHS, ICC, etc., describe below)</p> <p>Division of Health Service Regulation at NC Department of Health and Human Services, Johnston County Health Dept.</p> |  |  |  |  |  |  |  |  |  | ENERGY REQUIREMENTS: |  |  |  |  |  |  |  |  |  | <p>The following data shall be considered minimum and any special attribute required to meet the energy code shall also be provided. Each Designer shall furnish the required portions of the project information for the plan data sheet. If performance method, state the annual energy cost for the standard reference design vs annual energy cost for the proposed design.</p> <p>Existing building envelope complies w/ code <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Remainder of section is not applicable)</p> |  |  |  |  |  |  |  |  |  | <p>Exempt Building <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (Provide Code Reference)</p> <p>Climate Zone: <input type="checkbox"/> 3A <input type="checkbox"/> 4A <input type="checkbox"/> 5A</p> <p>Method of Compliance:</p> <p><input checked="" type="checkbox"/> Prescriptive (Energy Code) <input type="checkbox"/> Prescriptive (ASHRAE 90.1)<br/> <input type="checkbox"/> Performance (Energy Code) <input type="checkbox"/> Performance (ASHRAE 90.1)</p> |  |  |  |  |  |  |  |  |  | THERMAL ENVELOPE *NO MODIFICATION TO THERMAL ENVELOPE [NCEBC 2018 811.1] |  |  |  |  |  |  |  |  |  | <p>Roof/ceiling Assembly (each assembly)</p> <p>Description of Assembly: <input type="checkbox"/> WOOD FRAME W/ SHINGLES</p> <p>U-Value of total assembly: <input type="checkbox"/> U-0.027</p> <p>R-Value of insulation: <input type="checkbox"/> R-38</p> <p>Skylights in each assembly: <input type="checkbox"/> 0</p> <p>U-Value of skylight: <input type="checkbox"/> U-0.0 MIN.</p> <p>Total square footage of skylights in each assembly: <input type="checkbox"/> 0 SF</p> |  |  |  |  |  |  |  |  |  | <p>Exterior Walls (each assembly)</p> <p>Description of Assembly (1): <input type="checkbox"/> WOOD FRAME W/ SIDING</p> <p>U-Value of total assembly: <input type="checkbox"/> U-0.064</p> <p>R-Value of insulation: <input type="checkbox"/> R-20</p> <p>Description of Assembly (2): <input type="checkbox"/> WOOD FRAME W/ MASONRY VENEER</p> <p>U-Value of total assembly: <input type="checkbox"/> U-0.064</p> <p>R-Value of insulation: <input type="checkbox"/> R-20</p> <p>Openings (windows or doors with glazing)</p> <p>U-Value of assembly: <input type="checkbox"/> U-0.45</p> <p>Solar heat gain coefficient: <input type="checkbox"/> 0.25</p> <p>projection factor: <input type="checkbox"/> 0.0</p> <p>Door R-Values: <input type="checkbox"/> U-0.70</p> |  |  |  |  |  |  |  |  |  | <p>Walls below grade (each assembly)</p> <p>Description of Assembly: <input type="checkbox"/> N/A</p> <p>U-Value of total assembly: <input type="checkbox"/> -</p> <p>R-Value of insulation: <input type="checkbox"/> -</p> <p>Floors over unconditioned space (each assembly)</p> <p>Description of Assembly: <input type="checkbox"/> N/A</p> <p>U-Value of total assembly: <input type="checkbox"/> -</p> <p>R-Value of insulation: <input type="checkbox"/> -</p> <p>Floors slab on grade</p> <p>Description of Assembly: <input type="checkbox"/> CONC. S.O.G.</p> <p>U-Value of total assembly: <input
type="checkbox"/> NR</p> <p>R-Value of insulation: <input type="checkbox"/> NR</p> <p>Horizontal/vertical requirement: <input type="checkbox"/> NR</p> <p>slab heated: <input type="checkbox"/> N</p> |  |  |  |  |  |  |  |  |  | STRUCTURAL DESIGN: (SEE STRUCTURAL DRAWINGS) |  |  |  |  |  |  |  |  |  | <p>DESIGN LOADS:</p> <p>Importance Factor: Wind (W) <input type="checkbox"/> -<br/>Snow (S) <input type="checkbox"/> -<br/>Seismic (E) <input type="checkbox"/> -</p> <p>Live Loads:</p> <p>Roof <input type="checkbox"/> psf.<br/>Catwalks <input type="checkbox"/> psf.<br/>Floor <input type="checkbox"/> psf.</p> <p>Ground Snow Load: <input type="checkbox"/> psf.</p> <p>Wind Load: Basic Wind Speed <input type="checkbox"/> mph (ASCE-7)<br/>Exposure Category <input type="checkbox"/> -<br/>Wind Base Shears (for MWFRS) Wx = <input type="checkbox"/> -K Wy = <input type="checkbox"/> -K</p> |  |  |  |  |  |  |  |  |  | SEISMIC DESIGN CATEGORY: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |  |  |  |  |  |  |  |  |  | <p>Provide the following Seismic Design Parameters:</p> <p>Occupancy Category (Table 1604.5) I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV</p> <p>Spectral Response Accelerations <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4</p> <p>Site Classification (Table 1613.5.2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F</p> <p>Data Source: <input type="checkbox"/> Field Test <input type="checkbox"/> Presumptive <input type="checkbox"/> Historical Data</p> |  |  |  |  |  |  |  |  |  | <p>Basic structural system (check one)</p> <p><input type="checkbox"/> Bearing Wall<br/> <input type="checkbox"/> Dual w/Special Moment Frame<br/> <input type="checkbox"/> Dual w/Intermediate R/C or Special Steel<br/> <input type="checkbox"/> Moment Frame<br/> <input type="checkbox"/> Inverted Pendulum</p> <p>Seismic Base Shear: Vx = <input type="checkbox"/> -K Vy = <input type="checkbox"/> -K</p> <p>Analysis Procedure: <input type="checkbox"/> Simplified <input type="checkbox"/> Equivalent Lateral Force <input type="checkbox"/> Dynamic</p> <p>Architectural/Mechanical Components anchored <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |  |  |  |  |  |  |  |  |  | <p>ELECTRICAL SUMMARY (SEE ELECTRICAL DRAWINGS)</p> <p>ELECTRICAL SYSTEM AND EQUIPMENT</p> <p>Method of Compliance:</p> <p>Energy Code: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance<br/> ASHRAE 90.1: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance</p> <p>Lighting schedule (each fixture type)</p> <p>lamp type required in fixture <input type="checkbox"/> -<br/>number of lamps in fixture <input type="checkbox"/> -<br/>ballast type used in fixture <input type="checkbox"/> -<br/>number of ballasts in fixture <input type="checkbox"/> -<br/>total wattage per fixture <input type="checkbox"/> -<br/>total interior wattage specified vs allowed (whole building or space by space) <input type="checkbox"/> -<br/>total exterior wattage specified vs allowed <input type="checkbox"/> -</p> <p>Additional Prescriptive Compliance</p> <p><input type="checkbox"/> 506.2.1 More Efficient Mechanical Equipment<br/> <input type="checkbox"/> 506.2.2 Reduced Lighting Power Density<br/> <input type="checkbox"/> 506.2.3 Energy Recovery Ventilation Systems<br/> <input type="checkbox"/> 506.2.4 Higher Efficiency Service Water Heating<br/> <input type="checkbox"/> 506.2.5 On-Site Supply of Renewable Energy<br/> <input type="checkbox"/> 506.2.6 Automatic Daylighting Control Systems</p> |  |  |  |  |  |  |  |  |  | <p>CONSTRUCTION DOCUMENTS FOR CONSTRUCTION</p> <p>No. Description Date</p> <p>date: 02/18/2024<br/>commission: NH-3138</p> <p>sheet title: APPEND</p> |  |  |  |  |  |  |  |  |
| Name of Project:   
   
   |   | SPRINGBROOK NURSING AND REHABILITATION CENTER ADDITION          |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address:   
   
   |   | 195 SPRINGBROOK AVE., CLAYTON, NC                               |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proposed Use:  
   
   |   | NURSING HOME  |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Owner/Authorized Agent:  
   
   |   | JOE WHITE Phone #: 919-428-7361 E-Mail: JONWHITE.NC@OUTLOOK.COM |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Owned By:  
   
   |   | <input type="checkbox"/> City / County                          |   | <input checked="" type="checkbox"/> Private         |  | <input type="checkbox"/> State |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Code Enforcement Jurisdiction:   
   
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DESIGNER:</td> <td colspan="2">FIRM: STUDIO WALES</td> <td colspan="2">NAME: KEITH WALES JR.</td> <td colspan="2">LICENSE #: 13140</td> <td colspan="2">TELEPHONE #: 414-704-6764</td> <td colspan="2">E-MAIL: KEITH@STUDIO-WALES.COM</td> </tr> <tr> <td>Civil</td> <td colspan="2">CURRY ENGINEERING GROUP</td> <td colspan="2">JARED MATTHEWS</td> <td colspan="2">048484</td> <td colspan="2">919-552-0849</td> <td colspan="2">JARED@CURRYENG.COM</td> </tr> <tr> <td>Electrical</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">KEVIN HOWARD</td> <td colspan="2">04598</td> <td colspan="2">704-376-6423</td> <td colspan="2">KHOWARD@LABELLAPC.COM</td> </tr> <tr> <td>Fire Alarm</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">KEVIN HOWARD</td> <td colspan="2">04598</td> <td colspan="2">704-376-6423</td> <td colspan="2">KHOWARD@LABELLAPC.COM</td> </tr> <tr> <td>Plumbing</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">MICHAEL GROSE</td> <td colspan="2">047719</td> <td colspan="2">704-376-6423</td> <td colspan="2">MGROSE@LABELLAPC.COM</td> </tr> <tr> <td>Mechanical</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">MICHAEL GROSE</td> <td colspan="2">047719</td> <td colspan="2">704-376-6423</td> <td colspan="2">MGROSE@LABELLAPC.COM</td> </tr> <tr> <td>Sprinkler-Standpipe</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">PROVIDED BY GC / SPRINKLER SUB-CONTRACTOR</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>Structural</td> <td colspan="2">LABELLA ASSOC.</td> <td colspan="2">DAN HILL</td> <td colspan="2">040156</td> <td colspan="2">704-376-6423</td> <td colspan="2">DHILL@LABELLAPC.COM</td> </tr> <tr> <td>Retaining Walls&gt;5</td> <td colspan="2">High LABELLA ASSOC.</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>Landscape</td> <td colspan="2">N/A</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>   
   
   |   |   |   |   |  |                                |                                  |                               |   | DESIGNER:   | FIRM: STUDIO WALES                         |       | NAME: KEITH WALES JR.                                  |                               | LICENSE #: 13140                        |       | TELEPHONE #: 414-704-6764    |                               | E-MAIL: KEITH@STUDIO-WALES.COM          |  | Civil                        | CURRY ENGINEERING GROUP |                                   | JARED MATTHEWS |   | 048484 |                               | 919-552-0849  |      | JARED@CURRYENG.COM                       |                             | Electrical | LABELLA ASSOC.                   |                               | KEVIN HOWARD                             |       | 04598                            |                               | 704-376-6423                      |             | KHOWARD@LABELLAPC.COM  |           | Fire Alarm  | LABELLA ASSOC. |                                  | KEVIN HOWARD         |                             | 04598   |                              | 704-376-6423   |   | KHOWARD@LABELLAPC.COM |  | Plumbing | LABELLA ASSOC.   |           | MICHAEL GROSE                  |      | 047719 |               | 704-376-6423   |   | MGROSE@LABELLAPC.COM           |       | Mechanical                    | LABELLA ASSOC. |   | MICHAEL GROSE |                                | 047719      |                          | 704-376-6423 |   | MGROSE@LABELLAPC.COM |          | Sprinkler-Standpipe | LABELLA ASSOC. |   | PROVIDED BY GC / SPRINKLER SUB-CONTRACTOR |             |   |   |   |   |  |   | Structural | LABELLA ASSOC. |   | DAN HILL |  | 040156 |   | 704-376-6423 |           | DHILL@LABELLAPC.COM |   | Retaining Walls>5     | High LABELLA ASSOC. |                           |                          |                           |   |                                |   |       |                         |   | Landscape      | N/A |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DESIGNER:  
   
   | FIRM: STUDIO WALES  |   | NAME: KEITH WALES JR.                     |   | LICENSE #: 13140   |                                | TELEPHONE #: 414-704-6764        |                               | E-MAIL: KEITH@STUDIO-WALES.COM          |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | CURRY ENGINEERING GROUP   |   | JARED MATTHEWS                            |   | 048484   |                                | 919-552-0849                     |                               | JARED@CURRYENG.COM                      |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | LABELLA ASSOC.  |   | KEVIN HOWARD                              |   | 04598  |                                | 704-376-6423                     |                               | KHOWARD@LABELLAPC.COM                   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fire Alarm   
   
   | LABELLA ASSOC.  |   | KEVIN HOWARD                              |   | 04598  |                                | 704-376-6423                     |                               | KHOWARD@LABELLAPC.COM                   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Plumbing   
   
   | LABELLA ASSOC.  |   | MICHAEL GROSE                             |   | 047719   |                                | 704-376-6423                     |                               | MGROSE@LABELLAPC.COM                    |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mechanical   
   
   | LABELLA ASSOC.  |   | MICHAEL GROSE                             |   | 047719   |                                | 704-376-6423                     |                               | MGROSE@LABELLAPC.COM                    |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Sprinkler-Standpipe  
   
   | LABELLA ASSOC.  |   | PROVIDED BY GC / SPRINKLER SUB-CONTRACTOR |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Structural   
   
   | LABELLA ASSOC.  |   | DAN HILL                                  |   | 040156   |                                | 704-376-6423                     |                               | DHILL@LABELLAPC.COM                     |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Retaining Walls>5  
   
   | High LABELLA ASSOC.   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Landscape  
   
   | N/A   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2018 EDITION OF NC CODE FOR:   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> 1st Time Interior<br><input type="checkbox"/> Shell / Core <input type="checkbox"/> Phased Construction - Shell / Core<br><input type="checkbox"/> Prescriptive <input type="checkbox"/> Repair <input type="checkbox"/> Ch. 14 <input type="checkbox"/> Historic Property   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2018 EXISTING BUILDING CODE:   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Prescriptive <input type="checkbox"/> Repair <input type="checkbox"/> Ch. 14 <input type="checkbox"/> Historic Property<br><input type="checkbox"/> Alteration: <input type="checkbox"/> Level 1 <input checked="" type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Change of Use  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CONSTRUCTED: (date) 2014 CURRENT OCCUPANCY (Ch. 3): <input type="checkbox"/> I-2, CONDITION 1  
   
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| RENOVATED: (date) - PROPOSED OCCUPANCY (Ch. 3): <input type="checkbox"/> I-2, CONDITION 1  
   
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Current:</td> <td colspan="2"><input type="checkbox"/> I</td> <td colspan="2"><input type="checkbox"/> II</td> <td colspan="2"><input checked="" type="checkbox"/> III</td> <td colspan="2"><input type="checkbox"/> IV</td> <td></td> </tr> <tr> <td>Proposed:</td> <td colspan="2"><input type="checkbox"/> I</td> <td colspan="2"><input type="checkbox"/> II</td> <td colspan="2"><input checked="" type="checkbox"/> III</td> <td colspan="2"><input type="checkbox"/> IV</td> <td></td> </tr> </table>   
   
   |   |   |   |   |  |                                |                                  |                               |   | Current:  | <input type="checkbox"/> I                 |       | <input type="checkbox"/> II                            |                               | <input checked="" type="checkbox"/> III |       | <input type="checkbox"/> IV  |                               |   | Proposed:  | <input type="checkbox"/> I   |                         | <input type="checkbox"/> II       |                | <input checked="" type="checkbox"/> III |        | <input type="checkbox"/> IV   |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <input type="checkbox"/> I  |   | <input type="checkbox"/> II               |   | <input checked="" type="checkbox"/> III  |                                | <input type="checkbox"/> IV      |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proposed:  
   
   | <input type="checkbox"/> I  |   | <input type="checkbox"/> II               |   | <input checked="" type="checkbox"/> III  |                                | <input type="checkbox"/> IV      |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BASIC BUILDING DATA:   
   
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Construction Type:</td> <td colspan="2"><input type="checkbox"/> I-A</td> <td colspan="2"><input type="checkbox"/> II-A</td> <td colspan="2"><input type="checkbox"/> III-A</td> <td colspan="2"><input type="checkbox"/> IV</td> <td><input checked="" type="checkbox"/> V-A</td> </tr> <tr> <td>(check all that apply)</td> <td colspan="2"><input type="checkbox"/> I-B</td> <td colspan="2"><input type="checkbox"/> II-B</td> <td colspan="2"><input type="checkbox"/> III-B</td> <td colspan="2"><input type="checkbox"/> IV-B</td> <td></td> </tr> <tr> <td>Sprinklers:</td> <td colspan="2"><input type="checkbox"/> No</td> <td colspan="2"><input type="checkbox"/> Partial</td> <td colspan="2"><input checked="" type="checkbox"/> Yes*</td> <td colspan="2"><input type="checkbox"/> NFPA 13</td> <td><input type="checkbox"/> NFPA 13R</td> </tr> <tr> <td>Standpipes:</td> <td colspan="2"><input type="checkbox"/> No</td> <td colspan="2"><input checked="" type="checkbox"/> Yes</td> <td colspan="2"><input type="checkbox"/> Class I</td> <td colspan="2"><input type="checkbox"/> II</td> <td><input type="checkbox"/> III</td> </tr> <tr> <td>Fire District:</td> <td colspan="2"><input type="checkbox"/> No</td> <td colspan="2"><input type="checkbox"/> Yes</td> <td colspan="2"><input type="checkbox"/> Flood Hazard Area: <input checked="" type="checkbox"/> No</td> <td colspan="2"><input type="checkbox"/> Yes</td> <td></td> </tr> <tr> <td>Special Insp.</td> <td colspan="9"><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - NCFC 909.5 - SMOKING PRESSURE, SEE ALSO STRUCTURAL DWGS.</td> </tr> </table>  
   
   |   |   |   |   |  |                                |                                  |                               |   | Construction Type:  | <input type="checkbox"/> I-A               |       | <input type="checkbox"/> II-A                          |                               | <input type="checkbox"/> III-A          |       | <input type="checkbox"/> IV  |                               | <input checked="" type="checkbox"/> V-A | (check all that apply)   | <input type="checkbox"/> I-B |                         | <input type="checkbox"/> II-B     |                | <input type="checkbox"/> III-B          |        | <input type="checkbox"/> IV-B |               |      | Sprinklers:                              | <input type="checkbox"/> No |            | <input type="checkbox"/> Partial |                               | <input checked="" type="checkbox"/> Yes* |       | <input type="checkbox"/> NFPA 13 |                               | <input type="checkbox"/> NFPA 13R | Standpipes: | <input type="checkbox"/> No  |           | <input checked="" type="checkbox"/> Yes                         |                | <input type="checkbox"/> Class I |                      | <input type="checkbox"/> II |         | <input type="checkbox"/> III | Fire District: | <input type="checkbox"/> No   |                       | <input type="checkbox"/> Yes           |          | <input type="checkbox"/> Flood Hazard Area: <input checked="" type="checkbox"/> No |           | <input type="checkbox"/> Yes   |      |        | Special Insp. | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - NCFC 909.5 - SMOKING PRESSURE, SEE ALSO STRUCTURAL DWGS.                   |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <input type="checkbox"/> I-A  |   | <input type="checkbox"/> II-A             |   | <input type="checkbox"/> III-A   |                                | <input type="checkbox"/> IV      |                               | <input checked="" type="checkbox"/> V-A |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (check all that apply)   
   
   | <input type="checkbox"/> I-B  |   | <input type="checkbox"/> II-B             |   | <input type="checkbox"/> III-B   |                                | <input type="checkbox"/> IV-B    |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Sprinklers:  
   
   | <input type="checkbox"/> No   |   | <input type="checkbox"/> Partial          |   | <input checked="" type="checkbox"/> Yes*   |                                | <input type="checkbox"/> NFPA 13 |                               | <input type="checkbox"/> NFPA 13R       |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Standpipes:  
   
   | <input type="checkbox"/> No   |   | <input checked="" type="checkbox"/> Yes   |   | <input type="checkbox"/> Class I   |                                | <input type="checkbox"/> II      |                               | <input type="checkbox"/> III            |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fire District:   
   
   | <input type="checkbox"/> No   |   | <input type="checkbox"/> Yes              |   | <input type="checkbox"/> Flood Hazard Area: <input checked="" type="checkbox"/> No |                                | <input type="checkbox"/> Yes     |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Special Insp.  
   
   | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - NCFC 909.5 - SMOKING PRESSURE, SEE ALSO STRUCTURAL DWGS.  |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gross Building Area:   
   
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">FLOOR</td> <td colspan="2">EXISTING (SQ. FT.)</td> <td colspan="2">NEW (SQ. FT.)</td> <td colspan="4">SUB-TOTAL (SQ. FT.)</td> </tr> <tr> <td>FLOOR 3</td> <td colspan="2">- SF</td> <td colspan="2">- SF</td> <td colspan="4">- SF</td> </tr> <tr> <td>FLOOR 2</td> <td colspan="2">- SF</td> <td colspan="2">- SF</td> <td colspan="4">- SF</td> </tr> <tr> <td>BUILDING C - LEVEL 1</td> <td colspan="2">26,070 SF</td> <td colspan="2">8,172 SF</td> <td colspan="4">34,242 SF</td> </tr> <tr> <td>BUILDING B - LEVEL 1</td> <td colspan="2">12,704 SF</td> <td colspan="2">0 SF</td> <td colspan="4">12,704 SF</td> </tr> <tr> <td>BUILDING A - LEVEL 1</td> <td colspan="2">26,290 SF</td> <td colspan="2">0 SF</td> <td colspan="4">26,290 SF</td> </tr> <tr> <td>TOTAL</td> <td colspan="2">65,064 SF</td> <td colspan="2">8,172 SF</td> <td colspan="4">73,236 SF</td> </tr> </table>   
   
   |   |   |   |   |  |                                |                                  |                               |   | FLOOR   | EXISTING (SQ. FT.)                         |       | NEW (SQ. FT.)  |                               | SUB-TOTAL (SQ. FT.)                     |       |                              |                               | FLOOR 3                                 | - SF   |                              | - SF                    |                                   | - SF           |   |        |                               | FLOOR 2       | - SF |  | - SF                        |            | - SF                             |                               |  |       | BUILDING C - LEVEL 1             | 26,070 SF                     |                                   | 8,172 SF    |  | 34,242 SF |   |                |                                  | BUILDING B - LEVEL 1 | 12,704 SF                   |         | 0 SF                         |                | 12,704 SF   |                       |  |          | BUILDING A - LEVEL 1   | 26,290 SF |                                | 0 SF |        | 26,290 SF     |  |   |                                | TOTAL | 65,064 SF                     |                | 8,172 SF  |               | 73,236 SF                      |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | EXISTING (SQ. FT.)  |   | NEW (SQ. FT.)                             |   | SUB-TOTAL (SQ. FT.)  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FLOOR 3  
   
   | - SF  |   | - SF                                      |   | - SF   |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FLOOR 2  
   
   | - SF  |   | - SF                                      |   | - SF   |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BUILDING C - LEVEL 1   
   
   | 26,070 SF   |   | 8,172 SF                                  |   | 34,242 SF  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BUILDING B - LEVEL 1   
   
   | 12,704 SF   |   | 0 SF                                      |   | 12,704 SF  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BUILDING A - LEVEL 1   
   
   | 26,290 SF   |   | 0 SF                                      |   | 26,290 SF  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL  
   
   | 65,064 SF   |   | 8,172 SF                                  |   | 73,236 SF  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *AREA INCLUDES INTERIOR SF AND COVERED EXTERIOR AREA   
   
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| **AREA INCLUDES INTERIOR SF & EXTERIOR DECKS   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Assembly</td> <td colspan="2"><input type="checkbox"/> A-1</td> <td colspan="2"><input checked="" type="checkbox"/> A-2</td> <td colspan="2"><input type="checkbox"/> A-3</td> <td colspan="2"><input type="checkbox"/> A-4</td> <td><input type="checkbox"/> A-5</td> </tr> <tr> <td>Business</td> <td colspan="9"><input type="checkbox"/> </td> </tr> <tr> <td>Educational</td> <td colspan="9"><input type="checkbox"/> </td> </tr> <tr> <td>Factory</td> <td colspan="9"><input type="checkbox"/> F-1 Moderate <input type="checkbox"/> F-2 Low</td> </tr> <tr> <td>Hazardous</td> <td colspan="9"><input type="checkbox"/> H-1 Detonate <input type="checkbox"/> H-2 Deflagrate <input type="checkbox"/> H-3 Combust <input type="checkbox"/> H-4 Health <input type="checkbox"/> H-5 HPM</td> </tr> <tr> <td>Institutional</td> <td colspan="9"><input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> I-5</td> </tr> <tr> <td>Merchandise</td> <td colspan="9"><input type="checkbox"/> </td> </tr> <tr> <td>Residential</td> <td colspan="9"><input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4</td> </tr> <tr> <td>Storage</td> <td colspan="9"><input type="checkbox"/> S-1 Moderate <input type="checkbox"/> S-2 Low <input type="checkbox"/> S-3 High-piled</td> </tr> <tr> <td>Utility and Miscellaneous</td> <td colspan="9"><input type="checkbox"/> </td> </tr> </table>   
   
   |   |   |   |   |  |                                |                                  |                               |   | Assembly  | <input type="checkbox"/> A-1               |       | <input checked="" type="checkbox"/> A-2                |                               | <input type="checkbox"/> A-3            |       | <input type="checkbox"/> A-4 |                               | <input type="checkbox"/> A-5            | Business   | <input type="checkbox"/>     |                         |                                   |                |   |        |                               |               |      | Educational                              | <input type="checkbox"/>    |            |                                  |                               |  |       |                                  |                               |                                   | Factory     | <input type="checkbox"/> F-1 Moderate <input type="checkbox"/> F-2 Low |           |   |                |                                  |                      |                             |         |                              | Hazardous      | <input type="checkbox"/> H-1 Detonate <input type="checkbox"/> H-2 Deflagrate <input type="checkbox"/> H-3 Combust <input type="checkbox"/> H-4 Health <input type="checkbox"/> H-5 HPM |                       |  |          |  |           |                                |      |        | Institutional | <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> I-5 |   |                                |       |                               |                |   |               |                                | Merchandise | <input type="checkbox"/> |              |   |                      |          |                     |                |   |   | Residential | <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 |   |   |   |  |   |            |                |   | Storage  | <input type="checkbox"/> S-1 Moderate <input type="checkbox"/> S-2 Low <input type="checkbox"/> S-3 High-piled |        |   |              |           |                     |   |                       |                     | Utility and Miscellaneous | <input type="checkbox"/> |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <input type="checkbox"/>  |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Factory  
   
   | <input type="checkbox"/> F-1 Moderate <input type="checkbox"/> F-2 Low  |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Hazardous  
   
   | <input type="checkbox"/> H-1 Detonate <input type="checkbox"/> H-2 Deflagrate <input type="checkbox"/> H-3 Combust <input type="checkbox"/> H-4 Health <input type="checkbox"/> H-5 HPM |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Institutional  
   
   | <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> I-5  |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Merchandise  
   
   | <input type="checkbox"/>  |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Residential  
   
   | <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Storage  
   
   | <input type="checkbox"/> S-1 Moderate <input type="checkbox"/> S-2 Low <input type="checkbox"/> S-3 High-piled  |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Utility and Miscellaneous  
   
   | <input type="checkbox"/>  |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Accessory Occupancy Classification(s): <input type="checkbox"/> B, <input type="checkbox"/> S-1 EA. LESS THAN 10%  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Incidental Uses (Table 509): <input type="checkbox"/>  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Special Uses (Ch.4 - List Sections): <input type="checkbox"/> 407  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Special Provisions (Ch.5 - List Sections): <input type="checkbox"/>  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mixed Occupancy: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Separation: <input type="checkbox"/> - Hr. Exception: <input type="checkbox"/> -  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p><input type="checkbox"/> Non-Separated Use (508.3)<br/>The required type of construction for the building shall be determined by applying the height and area limitations for each of the applicable occupancies to the entire building. The most restrictive type of construction, as determined, shall apply to the entire building.</p> <p><input type="checkbox"/> Separated Use (508.4) - See below for area calculations for each story, the area of the occupancy shall be such that the sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1.</p> <p><i>Actual Area of Occupancy</i> + <i>B Actual Area of Occupancy</i> ≤ 1<br/> <i>A Allowable Area of Occupancy</i> + <i>B Allowable Area of Occupancy</i> ≤ 1.00</p> <p>* Indicates section number permitting reduction<br/>** All code references are for NC Building Code, U.N.O.<br/>*** Indicates calculated equivalent thickness</p>   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PERCENTAGE OF WALL OPENING CALCULATIONS  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINES</td> <td colspan="2">DEGREE OF OPENING PROTECTION (TABLE 705.8)</td> <td colspan="2">ALLOWABLE AREA (%)</td> <td colspan="4">ACTUAL SHOWN ON PLANS (%)</td> </tr> <tr> <td>SOUTH &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">27%</td> </tr> <tr> <td>NORTH &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">16%</td> </tr> <tr> <td>WEST &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">21%</td> </tr> <tr> <td>EAST &gt;30'-0"</td> <td colspan="2">UP,S</td> <td colspan="2">NO LIMIT</td> <td colspan="4">21%</td> </tr> </table>   
   
   |   |   |   |   |  |                                |                                  |                               |   | FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINES   | DEGREE OF OPENING PROTECTION (TABLE 705.8) |       | ALLOWABLE AREA (%)                                     |                               | ACTUAL SHOWN ON PLANS (%)               |       |                              |                               | SOUTH >30'-0"                           | UP,S   |                              | NO LIMIT                |                                   | 27%            |   |        |                               | NORTH >30'-0" | UP,S |  | NO LIMIT                    |            | 16%                              |                               |  |       | WEST >30'-0"                     | UP,S                          |                                   | NO LIMIT    |  | 21%       |   |                |                                  | EAST >30'-0"         | UP,S                        |         | NO LIMIT                     |                | 21%   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINES  
   
   | DEGREE OF OPENING PROTECTION (TABLE 705.8)  |   | ALLOWABLE AREA (%)                        |   | ACTUAL SHOWN ON PLANS (%)  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SOUTH >30'-0"  
   
   | UP,S  |   | NO LIMIT                                  |   | 27%  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NORTH >30'-0"  
   
   | UP,S  |   | NO LIMIT                                  |   | 16%  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |                    |  |                           |  |  |  |               |      |  |          |  |     |  |  |  |               |      |  |          |  |     |  |  |  |              |      |  |          |  |     |  |  |  |              |      |  |          |  |     |  |  |  |                         |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |                               |  |       |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |         |  |            |  |               |  |                    |  |            |  |      |        |        |      |        |        |      |         |  |            |                  |   |   |   |   |   |   |   |   |   |             |   |   |   |   |   |   |   |   |   |                   |   |   |   |   |   |   |   |   |   |                  |   |   |   |   |   |   |   |   |   |             |   |   |   |   |   |   |   |   |   |                   |   |   |   |   |   |   |   |   |   |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  
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| WEST >30'-0"   
   
   | UP,S  |   | NO LIMIT                                  |   | 21%  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| EAST >30'-0"   
   
   | UP,S  |   | NO LIMIT                                  |   | 21%  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LATERAL DESIGN CONTROL:  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">SOIL BEARING CAPACITIES:</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Field Test (provide copy of test report)</td> <td colspan="2">- psf</td> <td colspan="2">Prescriptive Bearing Capacity</td> <td colspan="2">- psf</td> <td colspan="2">Site size, type, and capacity</td> </tr> </table> </td> </tr> </table>  
   
   |   |   |   |   |  |                                |                                  |                               |   | SOIL BEARING CAPACITIES:  |  |       |  |                               |   |       |                              |                               |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Field Test (provide copy of test report)</td> <td colspan="2">- psf</td> <td colspan="2">Prescriptive Bearing Capacity</td> <td colspan="2">- psf</td> <td colspan="2">Site size, type, and capacity</td> </tr> </table>   |                              |                         |                                   |                |   |        |                               |               |      | Field Test (provide copy of test report) |                             | - psf      |                                  | Prescriptive Bearing Capacity |  | - psf |                                  | Site size, type, and capacity |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SOIL BEARING CAPACITIES:   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Field Test (provide copy of test report)</td> <td colspan="2">- psf</td> <td colspan="2">Prescriptive Bearing Capacity</td> <td colspan="2">- psf</td> <td colspan="2">Site size, type, and capacity</td> </tr> </table>   
   
   |   |   |   |   |  |                                |                                  |                               |   | Field Test (provide copy of test report)  |  | - psf |  | Prescriptive Bearing Capacity |   | - psf |                              | Site size, type, and capacity |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Field Test (provide copy of test report)   
   
   |   | - psf   |   | Prescriptive Bearing Capacity                       |  | - psf                          |                                  | Site size, type, and capacity |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SPECIAL INSPECTIONS REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No   
   
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">PLUMBING FIXTURE REQUIREMENTS NO CHANGE IN OCCUPANCY OR FIXTURES PROVIDED IN RENOVATION AREA, AREA OF ADDITION IS ONLY CARE RECEIPIENTS WHICH MEETS NC DHR REQS</td> </tr> <tr> <td colspan="10"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">WATERCLOSETS</td> <td colspan="2">URINALS</td> <td colspan="2">LAVATORIES</td> <td colspan="2">SHOWERS/ TUBS</td> <td colspan="2">DRINKING FOUNTAINS</td> <td colspan="2">ACCESSIBLE</td> </tr> <tr> <td>Male</td> <td>Female</td> <td>Unisex</td> <td>Male</td> <td>Female</td> <td>Unisex</td> <td>Tubs</td> <td>Regular</td> <td></td> <td>Accessible</td> </tr> </table> </td> </tr> <tr> <td>Floor 1 Existing</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Floor 1 New</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Floor 1 Required*</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Floor 2 Existing</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Floor 2 New</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Floor 2 Required*</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </table>   
   
   |   |   |   |   |  |                                |                                  |                               |   | PLUMBING FIXTURE REQUIREMENTS NO CHANGE IN OCCUPANCY OR FIXTURES PROVIDED IN RENOVATION AREA, AREA OF ADDITION IS ONLY CARE RECEIPIENTS WHICH MEETS NC DHR REQS |  |       |  |                               |   |       |                              |                               |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">WATERCLOSETS</td> <td colspan="2">URINALS</td> <td colspan="2">LAVATORIES</td> <td colspan="2">SHOWERS/ TUBS</td> <td colspan="2">DRINKING FOUNTAINS</td> <td colspan="2">ACCESSIBLE</td> </tr> <tr> <td>Male</td> <td>Female</td> <td>Unisex</td> <td>Male</td> <td>Female</td> <td>Unisex</td> <td>Tubs</td> <td>Regular</td> <td></td> <td>Accessible</td> </tr> </table> |                              |                         |                                   |                |   |        |                               |               |      | WATERCLOSETS                             | URINALS                     |            | LAVATORIES                       |                               | SHOWERS/ TUBS                            |       | DRINKING FOUNTAINS               |                               | ACCESSIBLE                        |             | Male   | Female    | Unisex  | Male           | Female                           | Unisex               | Tubs                        | Regular |                              | Accessible     | Floor 1 Existing  | -                     | -                                      | -        | -  | -         | -                              | -    | -      | -             | Floor 1 New  | - | -                              | -     | -                             | -              | -   | -             | -                              | -           | Floor 1 Required*        | -            | - | -                    | -        | -                   | -              | - | -   | -           | Floor 2 Existing  | - | - | - | -  | - | -          | -              | - | -        | Floor 2 New  | -      | - | -            | -         | -                   | - | -                     | -                   | -                         | Floor 2 Required*        | -                         | - | -                              | - | -     | -                       | - | -              | -   |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">WATERCLOSETS</td> <td colspan="2">URINALS</td> <td colspan="2">LAVATORIES</td> <td colspan="2">SHOWERS/ TUBS</td> <td colspan="2">DRINKING FOUNTAINS</td> <td colspan="2">ACCESSIBLE</td> </tr> <tr> <td>Male</td> <td>Female</td> <td>Unisex</td> <td>Male</td> <td>Female</td> <td>Unisex</td> <td>Tubs</td> <td>Regular</td> <td></td> <td>Accessible</td> </tr> </table>   
   
   |   |   |   |   |  |                                |                                  |                               |   | WATERCLOSETS  | URINALS                                    |       | LAVATORIES   |                               | SHOWERS/ TUBS                           |       | DRINKING FOUNTAINS           |                               | ACCESSIBLE                              |  | Male                         | Female                  | Unisex                            | Male           | Female                                  | Unisex | Tubs                          | Regular       |      | Accessible                               |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | URINALS   |   | LAVATORIES                                |   | SHOWERS/ TUBS  |                                | DRINKING FOUNTAINS               |                               | ACCESSIBLE                              |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Male   
   
   | Female  | Unisex  | Male                                      | Female  | Unisex   | Tubs                           | Regular                          |                               | Accessible                              |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Floor 1 Existing   
   
   | -   | -   | -   | -   | -  | -                              | -                                | -                             | -                                       |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Floor 2 Required*  
   
   | -   | -   | -   | -   | -  | -                              | -                                | -                             | -                                       |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SPECIAL APPROVALS - N/A  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Special approval: (Local Jurisdiction, Department of Insurance, OSC, DPI, DHHS, ICC, etc., describe below)</p> <p>Division of Health Service Regulation at NC Department of Health and Human Services, Johnston County Health Dept.</p>   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ENERGY REQUIREMENTS:   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>The following data shall be considered minimum and any special attribute required to meet the energy code shall also be provided. Each Designer shall furnish the required portions of the project information for the plan data sheet. If performance method, state the annual energy cost for the standard reference design vs annual energy cost for the proposed design.</p> <p>Existing building envelope complies w/ code <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Remainder of section is not applicable)</p>  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Exempt Building <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (Provide Code Reference)</p> <p>Climate Zone: <input type="checkbox"/> 3A <input type="checkbox"/> 4A <input type="checkbox"/> 5A</p> <p>Method of Compliance:</p> <p><input checked="" type="checkbox"/> Prescriptive (Energy Code) <input type="checkbox"/> Prescriptive (ASHRAE 90.1)<br/> <input type="checkbox"/> Performance (Energy Code) <input type="checkbox"/> Performance (ASHRAE 90.1)</p>   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| THERMAL ENVELOPE *NO MODIFICATION TO THERMAL ENVELOPE [NCEBC 2018 811.1]   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Roof/ceiling Assembly (each assembly)</p> <p>Description of Assembly: <input type="checkbox"/> WOOD FRAME W/ SHINGLES</p> <p>U-Value of total assembly: <input type="checkbox"/> U-0.027</p> <p>R-Value of insulation: <input type="checkbox"/> R-38</p> <p>Skylights in each assembly: <input type="checkbox"/> 0</p> <p>U-Value of skylight: <input type="checkbox"/> U-0.0 MIN.</p> <p>Total square footage of skylights in each assembly: <input type="checkbox"/> 0 SF</p>   
   
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| <p>Exterior Walls (each assembly)</p> <p>Description of Assembly (1): <input type="checkbox"/> WOOD FRAME W/ SIDING</p> <p>U-Value of total assembly: <input type="checkbox"/> U-0.064</p> <p>R-Value of insulation: <input type="checkbox"/> R-20</p> <p>Description of Assembly (2): <input type="checkbox"/> WOOD FRAME W/ MASONRY VENEER</p> <p>U-Value of total assembly: <input type="checkbox"/> U-0.064</p> <p>R-Value of insulation: <input type="checkbox"/> R-20</p> <p>Openings (windows or doors with glazing)</p> <p>U-Value of assembly: <input type="checkbox"/> U-0.45</p> <p>Solar heat gain coefficient: <input type="checkbox"/> 0.25</p> <p>projection factor: <input type="checkbox"/> 0.0</p> <p>Door R-Values: <input type="checkbox"/> U-0.70</p>   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Walls below grade (each assembly)</p> <p>Description of Assembly: <input type="checkbox"/> N/A</p> <p>U-Value of total assembly: <input type="checkbox"/> -</p> <p>R-Value of insulation: <input type="checkbox"/> -</p> <p>Floors over unconditioned space (each assembly)</p> <p>Description of Assembly: <input type="checkbox"/> N/A</p> <p>U-Value of total assembly: <input type="checkbox"/> -</p> <p>R-Value of insulation: <input type="checkbox"/> -</p> <p>Floors slab on grade</p> <p>Description of Assembly: <input type="checkbox"/> CONC. S.O.G.</p> <p>U-Value of total assembly: <input type="checkbox"/> NR</p> <p>R-Value of insulation: <input type="checkbox"/> NR</p> <p>Horizontal/vertical requirement: <input type="checkbox"/> NR</p> <p>slab heated: <input type="checkbox"/> N</p>   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STRUCTURAL DESIGN: (SEE STRUCTURAL DRAWINGS)   
   
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| <p>DESIGN LOADS:</p> <p>Importance Factor: Wind (W) <input type="checkbox"/> -<br/>Snow (S) <input type="checkbox"/> -<br/>Seismic (E) <input type="checkbox"/> -</p> <p>Live Loads:</p> <p>Roof <input type="checkbox"/> psf.<br/>Catwalks <input type="checkbox"/> psf.<br/>Floor <input type="checkbox"/> psf.</p> <p>Ground Snow Load: <input type="checkbox"/> psf.</p> <p>Wind Load: Basic Wind Speed <input type="checkbox"/> mph (ASCE-7)<br/>Exposure Category <input type="checkbox"/> -<br/>Wind Base Shears (for MWFRS) Wx = <input type="checkbox"/> -K Wy = <input type="checkbox"/> -K</p>  
   
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| SEISMIC DESIGN CATEGORY: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D   
   
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| <p>Provide the following Seismic Design Parameters:</p> <p>Occupancy Category (Table 1604.5) I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV</p> <p>Spectral Response Accelerations <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4</p> <p>Site Classification (Table 1613.5.2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F</p> <p>Data Source: <input type="checkbox"/> Field Test <input type="checkbox"/> Presumptive <input type="checkbox"/> Historical Data</p>   
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Basic structural system (check one)</p> <p><input type="checkbox"/> Bearing Wall<br/> <input type="checkbox"/> Dual w/Special Moment Frame<br/> <input type="checkbox"/> Dual w/Intermediate R/C or Special Steel<br/> <input type="checkbox"/> Moment Frame<br/> <input type="checkbox"/> Inverted Pendulum</p> <p>Seismic Base Shear: Vx = <input type="checkbox"/> -K Vy = <input type="checkbox"/> -K</p> <p>Analysis Procedure: <input type="checkbox"/> Simplified <input type="checkbox"/> Equivalent Lateral Force <input type="checkbox"/> Dynamic</p> <p>Architectural/Mechanical Components anchored <input type="checkbox"/> Yes <input type="checkbox"/> No</p>  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>ELECTRICAL SUMMARY (SEE ELECTRICAL DRAWINGS)</p> <p>ELECTRICAL SYSTEM AND EQUIPMENT</p> <p>Method of Compliance:</p> <p>Energy Code: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance<br/> ASHRAE 90.1: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance</p> <p>Lighting schedule (each fixture type)</p> <p>lamp type required in fixture <input type="checkbox"/> -<br/>number of lamps in fixture <input type="checkbox"/> -<br/>ballast type used in fixture <input type="checkbox"/> -<br/>number of ballasts in fixture <input type="checkbox"/> -<br/>total wattage per fixture <input type="checkbox"/> -<br/>total interior wattage specified vs allowed (whole building or space by space) <input type="checkbox"/> -<br/>total exterior wattage specified vs allowed <input type="checkbox"/> -</p> <p>Additional Prescriptive Compliance</p> <p><input type="checkbox"/> 506.2.1 More Efficient Mechanical Equipment<br/> <input type="checkbox"/> 506.2.2 Reduced Lighting Power Density<br/> <input type="checkbox"/> 506.2.3 Energy Recovery Ventilation Systems<br/> <input type="checkbox"/> 506.2.4 Higher Efficiency Service Water Heating<br/> <input type="checkbox"/> 506.2.5 On-Site Supply of Renewable Energy<br/> <input type="checkbox"/> 506.2.6 Automatic Daylighting Control Systems</p>  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>CONSTRUCTION DOCUMENTS FOR CONSTRUCTION</p> <p>No. Description Date</p> <p>date: 02/18/2024<br/>commission: NH-3138</p> <p>sheet title: APPEND</p>  
   
   |   |   |   |   |  |                                |                                  |                               |   |   |  |       |  |                               |   |       |                              |                               |   |  |                              |                         |                                   |                |   |        |                               |               |      |  |                             |            |                                  |                               |  |       |                                  |                               |                                   |             |  |           |   |                |                                  |                      |                             |         |                              |                |   |                       |  |          |  |           |                                |      |        |               |  |   |                                |       |                               |                |   |               |                                |             |                          |              |   |                      |          |                     |                |   |   |             |   |   |   |   |  |   |            |                |   |          |  |        |   |              |           |                     |   |                       |                     |                           |                          |                           |   |                                |   |       |                         |   |                |     |        |  |              |  |                    |  |            |                |  |              |  |       |  |              |  |                       |  |            |                |  |              |  |       |  |              |  |                       |  |          |                |  |               |  |        |  |              |  |                      |  |            |                |  |               |  |        |  |              |  |                      |  |                     |                |  |   |  |  |  |  |  |  |  |            |                |  |          |  |        |  |              |  |                     |  |                   |                     |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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