

Pikes Peak REGIONAL Building Department

CODE STUDY FORM

SECTION 1.0

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

Address: _____ City: _____ Zip: _____

Tax Schedule Number:⁽¹⁾

Legal Description:⁽¹⁾

ZONING DISTRICT: ⁽¹⁾

FIRE JURISDICTION: ⁽¹⁾

IF OTHER, SPECIFY

⁽¹⁾ This information may be found [HERE](#)

SCOPE OF PROJECT:

PHASED PROJECTS:

Foundation Only	Superstructure	Core/Shell	Finish
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REGULAR PROJECTS:

Interior Remodel	Interior Finish	Addition	Complete Building
Change of Occupancy	Other		

SUMMARIZED DESCRIPTION OF WORK:

PRINCIPAL USE OF BUILDING:

TYPE OF CONSTRUCTION: (*International Building Code*)

I-A	II-A	III-A	IV-A	IV-C	V-A
I-B	II-B	III-B	IV-B	IV-HT	V-B

BUILDING HEIGHTS AND AREAS*:

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

TOTAL AREA FOR SCOPE OF WORK: **Ft²**

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

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

CODE STUDY FORM

SECTION 2.0

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

Ft²

Ft²

Ft²

Ft²

Ft²

Ft²

SPECIAL USE AND OCCUPANCIES

YES

NO

List all, if more than one applies:

SEPARATION OF OCCUPANCIES:

Nonseparated Occupancies

Separated Occupancies

No Mixed Occupancies

If Nonseparated Occupancies, specify worst case occupancy:

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

Use:

Separation:

Hrs

Use:

Separation:

Hrs

Use:

Separation:

Hrs

ACCESSORY OCCUPANCY AREAS: *Maximum allowed is 10%*

Accessory Occupancy:

Accessory Area:

Ft²

Accessory Occupancy:

Accessory Area:

Ft²

Accessory Occupancy:

Accessory Area:

Ft²

FIRE SPRINKLER SYSTEM:

Non-Sprinklered

Sprinklered

CLASSIFICATION OF FIRE SPRINKLER SYSTEM:

FIRE ALARM SYSTEM:

Not Required

Required

MEANS OF EGRESS: *For scope of work*

Exits Required:

Exits Provided:

Occupant Load:

Number of Interior Exit Stairways:

Actual Max. Travel Distance:

Ft

Interior Exit Stairway Rating:

Hrs

Actual Common Path of Travel:

Ft

Number of Fire Walls:

Corridor Rating:

Hrs.

Fire Wall Rating:

Hrs

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

Shaft Construction Rating:

Hrs

Supporting Construction Rating:

Hrs

RATED HORIZONTAL ASSEMBLIES: *Location, if applicable*

Structure

Dropped Ceiling

BUILDING RISK CATEGORY:

I

II

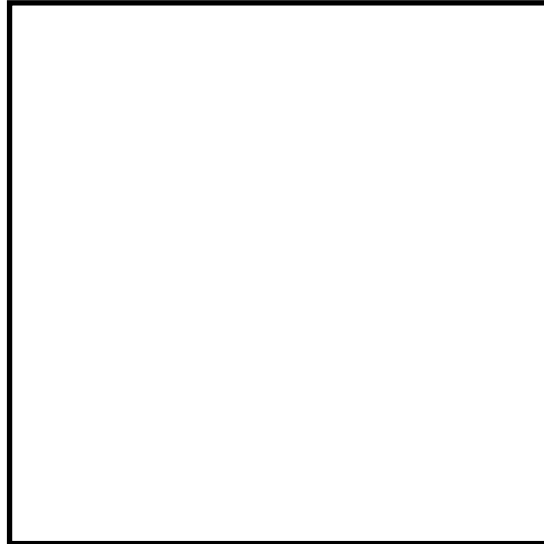
III

IV

CODE STUDY FORM

SECTION 3.0

Colorado Licensed Design



Professional Stamp

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

Signature

Date

Was a formal Pre-Submittal Consultation with
Pikes Peak Regional Building Department performed for this project? YES NO

With whom: _____

Is this project designated as official RAPID RESPONSE? YES NO

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

CONTACT INFORMATION:

Project Contact Name

Email address:

Phone Number:

Fax Number:

CODE STUDY FORM

SECTION 4.0

	Yes	No
Does the scope of work involve a change of occupancy classification? If yes, what was the most recent existing use? Proposed use?	<input type="checkbox"/>	<input type="checkbox"/>
Will marijuana be cultivated, processed or dispensed at this location? If yes, mark all activities that will apply: Dispensary Cultivation Processing Extraction**	<input type="checkbox"/>	<input type="checkbox"/>
**Extraction activities will require this form: http://www.springsgov.com/SIB/files/2015%20HO%20Submission%20Certification%20Form(5).pdf		
If applicable, is the approved Development Plan included with this submittal?	<input type="checkbox"/>	<input type="checkbox"/>
Does this project disturb 1 or more acres, or have construction activities that are a part of a larger common plan of development or sale? If yes, a City of Colorado Springs, Stormwater Enterprise Division, Grading and Erosion Control Permit and plan is required https://coloradosprings.gov/stormwater-enterprise/page/grading-and-erosion-control-permit?mlid=6156	<input type="checkbox"/>	<input type="checkbox"/>
Is this permit for the purposes of finishing an existing core and shell permit (first time finish of the space)?	<input type="checkbox"/>	<input type="checkbox"/>
Is this a food establishment (equipment locations must be shown on plans)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the scope of work include a swimming pool?	<input type="checkbox"/>	<input type="checkbox"/>
Does the scope of work have venting equipment (hoods, catalytic oxidizers, scrubbers)?	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, are the approved civil construction drawings (including utility service plan) included in submittal?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be any new utility meters or changes to existing meters? If yes, which are affected (check): Gas Electric Water Gas: Existing load Proposed load Electric: Existing load Proposed load Water: Existing load Proposed load Note: Commercial Water Meter Sizing Form required if any changes to water meter or significant fixture count changes are proposed	<input type="checkbox"/>	<input type="checkbox"/>
Will vehicle maintenance or vehicle storage (parking garage) activities occur? If yes, state square footage of area this will occur:	<input type="checkbox"/>	<input type="checkbox"/>
Will Electric Vehicle (EV) charging stations be installed? If yes, specify location and level (1, 2, or 3):	<input type="checkbox"/>	<input type="checkbox"/>
Is a sand/oil or grease interceptor proposed? If yes, state size:	<input type="checkbox"/>	<input type="checkbox"/>
Is an internal grease trap proposed? <i>If yes, contact CSU at FOG@csu.org to discuss a variance</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a backflow prevention device indicated (hose bib locations must be shown on plan)?	<input type="checkbox"/>	<input type="checkbox"/>
Per IFC Chapter 50, does the scope of work include any hazardous materials? If the project is located within the City of Colorado Springs, attach a Hazardous Material Inventory Statement (HMIS) - available at https://coloradosprings.gov/hazmat?mlid=42381 If the project is outside the City of Colorado Springs, contact the appropriate Fire Jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>
Per IFC Chapter 32, does the scope of work involve the stacking of commodities higher than 12' or high hazard commodities higher than 6' AFF? If the project is located within the City of Colorado Springs, attach a High Pile Storage Questionnaire form- available at https://coloradosprings.gov/sites/default/files/inline-images/2015_ifc_hps_questionnaire.pdf If the project is outside the City of Colorado Springs, contact the appropriate Fire Jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>
Per IFC 905, does the scope of work require fire protection standpipes? If yes, indicate reason and cite code reference:	<input type="checkbox"/>	<input type="checkbox"/>
Per IBC 904, does the scope of work or building require a fixed fire protection system?	<input type="checkbox"/>	<input type="checkbox"/>
Per IBC 909, does the scope of work include a smoke control system? If yes, indicate type (check): Passive Active	<input type="checkbox"/>	<input type="checkbox"/>
Does the scope of the work include a childcare facility?	<input type="checkbox"/>	<input type="checkbox"/>
Does the scope of the work include a Body Art (tattoo, piercing, etc.) facility?	<input type="checkbox"/>	<input type="checkbox"/>
Specify total earthmoving area of project in square feet:	<input type="checkbox"/>	<input type="checkbox"/>
Will the disturbance be at least 1 acre, but less than 25 acres of land, <u>and</u> the disturbance period will be 6 months or less? If yes, submit a construction Activity Permit Application to EPC Public Health: http://www.elpasocountyhealth.org/service/air-quality/construction-activity-application .	<input type="checkbox"/>	<input type="checkbox"/>
Will the disturbance be 25 or more acres of land, <u>or</u> the disturbance period will exceed 6 months? If yes, submit an Air Pollution Emission Notice to the Colorado Department of Public Health and Environment: https://www.colorado.gov/pacific/cdphe/air/apens-and-permits	<input type="checkbox"/>	<input type="checkbox"/>