



EDINA BUILDING SAFETY POLICY/INFORMATION ₁			
Application Submittal Requirements – New Building, Building Addition		2015 MSBC 1300.0130	
subject		code reference	
Inspections Department		approval 	
department		approval	
SP-0026-B ₂	#2	06/30/15	1 of 2
policy number	revision number	effective date	page number
1. All Building Safety sheets adopted by Fire Department and Inspections Department.			
2. Sheet numbers with B suffix developed by Inspections Dept. Sheet numbers with F suffix developed by Fire Dept.			



Use with paper submittals only

Purpose: Establish submission requirements at the time of permit application to enable accurate, timely review.

Scope: All new commercial buildings and commercial building additions

Site Address: _____

Instructions: A licensed design professional must check the items submitted in the space provided and include a copy of the signed form with all plan submittals. The Building Inspections Department can be reached at 952.826.0372 from 8:00am-4:30pm, Monday through Friday.

<u>Required for Approval</u>	<u>Check if Submitted</u>	<u>General Items</u>
Yes	<input type="checkbox"/>	1. Completed City of Edina Permit Application
Yes	<input type="checkbox"/>	2. Service Availability Charge (SAC) determination application submitted to Metropolitan Council Environmental Services
May be required – Check With Bldg Dept	<input type="checkbox"/>	3. Edina City Council approval Case # _____
Yes	<input type="checkbox"/>	4. Watershed District permit
Yes	<input type="checkbox"/>	5. Survey prepared by a MN licensed surveyor
Yes	<input type="checkbox"/>	6. Tree survey and protection plan Ordinance No. 2014-25
Yes	<input type="checkbox"/>	7. Completed Minnesota Energy Code (MEC) lighting power budget requirements in accordance with the 2015 MN Energy Code
Yes	<input type="checkbox"/>	8. Completed Minnesota Energy Code (MEC) exterior envelope energy calculations in accordance with the 2015 MN Energy Code
Yes	<input type="checkbox"/>	9. Completed Special Structural Testing and Inspection Schedule (Note: SST&IS required for all med gas installations)
Yes	<input type="checkbox"/>	10. Geotechnical Report
Yes	<input type="checkbox"/>	11. 800 Mhz radio coverage requirements in accordance with Edina City Code Chapter 10 Article XV
Yes	<input type="checkbox"/>	12. Completed contact list with names, phone numbers, email addresses and physical addresses of building owner, contractor, tenants and all design professionals

<u>Required for Approval</u>	<u>Check if Submitted</u>	<u>Plan Requirements</u>
Yes	<input type="checkbox"/>	13. Two sets of plans and specifications (three if food establishment)
Yes	<input type="checkbox"/>	14. Civil Plans to include Erosion Control Drainage and Utility Plans
Yes	<input type="checkbox"/>	15. All sheets are signed by the appropriate design professional (electronic signature is ok)
<i>Title sheet or first plan sheet includes:</i>		
Yes	<input type="checkbox"/>	16. Name and address of building

<u>Required for Approval</u>	<u>Check if Submitted</u>	<u>Plan Requirements</u>
<i>Code analysis includes:</i>		
Yes	<input type="checkbox"/>	17. Description of occupancy/use
Yes	<input type="checkbox"/>	18. IBC occupancy classification
Yes	<input type="checkbox"/>	19. IBC construction type classification
Yes	<input type="checkbox"/>	20. Number of square feet in space and on building floor
Yes	<input type="checkbox"/>	21. Number of stories above and below grade
Yes	<input type="checkbox"/>	22. Allowable area
Yes	<input type="checkbox"/>	23. Occupant load
Yes	<input type="checkbox"/>	24. Number of required exits and provided exits
Yes	<input type="checkbox"/>	25. Indicate if building is or is not fire sprinklered
Yes	<input type="checkbox"/>	26. Common path of egress travel, measured at right (90 degree) angles
Yes	<input type="checkbox"/>	27. Separated/non-separated uses with supporting information
Yes	<input type="checkbox"/>	28. Plumbing fixture count
<i>Building key plan includes:</i>		
Yes	<input type="checkbox"/>	29. Exit path to the exterior or to an exit enclosure
Yes	<input type="checkbox"/>	30. Occupancy classification of adjacent tenants
Yes	<input type="checkbox"/>	31. Location of space in building
Yes	<input type="checkbox"/>	32. Direction indicator (North, South, East or West) with arrow
<i>Floor plans include:</i>		
Yes	<input type="checkbox"/>	33. Scale on each plan and/or detail
Yes	<input type="checkbox"/>	34. Rooms marked with number and room name or use
Yes	<input type="checkbox"/>	35. Fire-rated and smoke-rated assemblies identified using IBC Chapter 7 definitions.
<i>Other items:</i>		
Yes	<input type="checkbox"/>	36. Reflected ceiling plan with exit signs and emergency lighting
Yes	<input type="checkbox"/>	37. Material specifications
Yes	<input type="checkbox"/>	38. Room finish schedule
Yes	<input type="checkbox"/>	39. Door and hardware schedules, including all locking arrangements
Yes	<input type="checkbox"/>	40. Details of all required accessible components including data on required 20% accessible upgrades
Yes	<input type="checkbox"/>	41. Furniture/fixture/equipment layout plan

Plans may need to be reviewed and approved by the Planning, Engineering and Health Departments in addition to the Fire and Building Inspections Departments. Plan review time will vary, but in all cases permit applicants should allow a minimum of three weeks of plan review time after application and completed submittals have been forwarded to the Building Inspections Department.

I acknowledge that the items checked on the list above are included on or with the submitted plans:

Licensed Design Professional Signature _____ Print Name _____

Work Phone _____ Cell Phone _____ Email _____

Company Name _____ Address: _____ Zip _____

Date _____