

DESIGN REVIEW – EXISTING OR INLINE LOCATION

Project Name: _____

Project Address: _____

Lease Space # : _____

Mailing Address of Lease Space

BUILDING INFORMATION:

Landlord Name: _____

Address: _____

Title: _____

Phone: _____

FAX: _____

Real Estate

Broker Name: _____

Address: _____

Title: _____

Phone: _____

FAX: _____

Contractor Name: _____

Address: _____

Title: _____

Phone: _____

FAX: _____

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BUILDING INFORMATION, Continued:

1. Provide Lease Space Plan(s). Plan(s) should include a minimum of:
 - Architectural Plan
 - Utility Plan with location of sewer, (grease sewer line), water, electricity, gas, telephone, and HVAC
 - Storefront Elevations
2. Provide a copy of a Vicinity Plan. This plan shows where the store is located within the Mall or Shopping Center

The following information is meant to serve as a checklist for preparing a record drawing of an existing space. Using a scaled drawing measure all of the existing physical features within the lease space. Measured drawing should indicate the dimensions of all walls, columns, ceilings, distance from floor to underside of building structure or roof deck, et.al.

Where a lease space has previously been finished, it is necessary to measure all tenant improvements including fixtures, finishes, plumbing and electrical roughins, HVAC equipment and duct work, et.al. In addition the record drawing should make note of the following.

1. Is the lease space located on grade or is it located above other lease space? _____

If located above existing occupied space, explain type of space, e.g. jewelry store, clothing store, etc.

2. Indicate existing finishes for floor, walls, ceiling, etc. on 1/4" floor plan.

Provide photographs of interior and exterior of store. In the case of a Mall location it is very important to photograph adjacent Mall stalls.
3. Indicate the height of existing ceiling(s).

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BUILDING INFORMATION, Continued:

4. Provide an indication of wall construction type(s) for demising walls and corridor walls.

5. Where doors exist in exterior wall, corridors, or demising walls, indicate if the door labeled (fire rating) and if so the rating of the door>

6. Indicate location and size of utility service connections, gas, water, sewer, (grease sewer), electrical, telephone, sprinkler system, fire detection and smoke control alarm system.

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SIGNAGE:

Contact Name: _____
Address: _____

Title: _____
Phone: _____
FAX: _____

Contact Name: _____
Address: _____

Title: _____
Phone: _____
FAX: _____

1. Number of signs allowed: _____ Describe sign type and location(s).

2. Height and Size Limitations: _____

3. Can the signage be submitted separately or does it have to be submitted with the building plans?

4. Name, address, and telephone number of all groups who must approve the sign.

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BUILDING DEPARTMENT (Building and Safety):

Contact Name: _____
Address: _____

Title: _____
Phone: _____
FAX: _____

Contact Name: _____
Address: _____

Title: _____
Phone: _____
FAX: _____

1. Building Code: _____
Plumbing Code: _____
Mechanical Code: _____
Electrical Code: _____
Accessibility Standards: ADAAG and _____
Life Safety Code: _____
Health Code: _____

2. Is there a local code or modification to building code?
If yes, provide a copy of changes. (Attach)

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BUILDING DEPARTMENT (Building and Safety), continued:

3. Signature Requirements: WET EMBOSSED PRINTED (circle one)

Architect: _____
Mechanical Engineer: _____
Electrical Engineer: _____
Civil Engineer: _____
Structural Engineer: _____
Fire Protection Engineer: _____

Notes:

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HEALTH DEPARTMENT:

Contact Name: _____
Address: _____

Title: _____
Phone: _____
FAX: _____

1. Is a mop sink required?

2. Is a common grease sewer line provided for Food Tenants? If so, locate on ¼" floor plan. Indicate size of line and distance from main interceptor.

3. Is there a requirement for an employee changing area?

4. Is direct or indirect drain required for dishwasher?

5. Is direct or indirect drain required for a pot and pan sink?

6. Is direct or indirect drain required for vegetable sink?

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HEALTH DEPARTMENT, Continued:

7. Is there a special permit required for the health department?

8. Special Provisions:

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FIRE PROTECTION REQUIREMENTS:

Contact Name: _____
Address: _____

Title: _____
Phone: _____
FAX: _____

1. Type of Construction:

2. Is the building sprinkled? _____

Indicate on plans location of fire sprinkler line and existing sprinkler head.
3. What fire code is applicable? _____
4. Life Safety Code? _____
5. Location and requirements for connection to Mall Fire Protection/Alarm System.

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SANITARY SEWER:

Contact Name: _____
Address: _____

Title: _____
Phone: _____
FAX: _____

1. Location of sewer?

2. In the absence of a common grease sewer line what is the minimum size interceptor required:
_____ Gallons or _____ Lbs. ?

3. Are there special requirements for access to the sewer?

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WATER:

Contact Name: _____
Address: _____

Title: _____
Phone: _____
FAX: _____

1. Location of water service? _____

2. Water meter size acceptable? _____
Cost Estimate for meter: _____

3. What is the water pressure?

4. Are there special restrictions, or assessment fees required?

5. Is a pressure reducing valve required? If so, give what type and what fixtures are required to be connected to it?

Ice Machine: _____ Beverage Dispenser: _____

Other equipment (list): _____

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ELECTRIC POWER:

Contact Name: _____
Address: _____

Title: _____
Phone: _____
FAX: _____

1. What part of service is provided by the landlord and what part must be provided by the tenant?

2. What service is available? Volts Phase Wire

3. Is a transformer required? _____ Describe: _____

4. Is there a connection fee?

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HVAC Equipment:

1. Type of Equipment? _____

2. Indicate Location of equipment on 1/4" floor plan. _____

3. Utility service to equipment is:

Gas:	_____	Size of Service:	_____
Electricity:	_____	Size of Service:	_____
Hot & Cold Water:	_____	Size of Lines/Capacity:	_____

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TELEPHONE:

Contact Name: _____
Address: _____

Title: _____
Phone: _____
FAX: _____

1. Will service be provided?

2. Location of telephone switch panel? _____

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APPROVAL PROCESS SUMMARY:

1. List agencies requiring review of project plans and documents:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

2. List all submittal requirements for each:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

3. List time and date reviews are conducted:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

4. Submittal requirements (drawings and material) :

5. Frequency of review meetings:

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APPROVAL PROCESS SUMMARY, Continued:

6. Time required for approval:

7. List any special studies or reports which will be required for submittal in connection with the approval process:

- a.

- b.

- c.

- d.

- e.

- f.

This design check has been completed by:

Date Completed:
