



APPLICATION FOR CONSTRUCTION
 DESIGN RELEASE
 STANDARD / PARTIAL
 FOUNDATION REQUEST
 State Form 37318 (R13 / 8-99)
 Approved by State Board Of Accounts 1999

Return to: INDIANA DEPARTMENT OF HOMELAND SECURITY
 DIVISION OF FIRE AND BUILDING SAFETY
 PLAN REVIEW BRANCH
 INDIANA GOVERNMENT CENTER SOUTH
 402 W WASHINGTON ST RM E245
 INDIANAPOLIS IN 46204-2739
www.in.gov/dhs/fire_branches_plan_review

PLEASE PRINT CLEARLY

PROJECT LOCATION (Must Be Complete and Accurate)

Name of Project		Closest intersecting street or road	
Address (site location, number and street)		Suite or Floor	Direction FROM intersection TO project <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
City	County	Is project within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is building State owned <input type="checkbox"/> Yes <input type="checkbox"/> No

OWNER'S CERTIFICATE (Must Be Executed)

As owner of the project for which this application is being filed, I hereby certify:

- The description of use and information contained on this application are correct;
- The project will be constructed in accordance with the released documents and applicable rules of the Fire Prevention and Building Safety Commission;
- Any changes to the released documents will be filed with the Indiana Department of Homeland Security, Division of Fire and Building Safety, Plan Review Branch.

Authorized signature	Name of owner or business		
Name (typed or printed)	Address (number, street, PO Box if applicable)		
Title	City, State, Zip Code		
Telephone Number:	Fax Number:	E-Mail:	Facility use:

Foundation Requested I agree to take full responsibility for removing and replacing any construction found by plan examination or by inspection, to be in violation of the building codes. I further agree not to proceed with above grade construction until the complete building plans and specifications have been reviewed and released by the Indiana Department of Homeland Security, Division of Fire and Building Safety, Plan Review Branch.

DESIGN PROFESSIONAL CERTIFICATE

(Must Be Executed for all new buildings or additions exceeding 30,000 Gross Cubic feet or any alteration affecting Structural Safety)

As the design professional for the project for which this application and plans are being filed, I hereby certify:

- I am qualified and competent to design such buildings, structures, and systems;
- the plans filed in conjunction with this application were created by me and / or by persons under my immediate personal supervision and will comply with all applicable building laws and rules of the Commission;
- the project data contained on this application is correct and corresponds with the plans that are being filed in conjunction with this application;
- the design professional identified below or a designee will inspect the construction covered by this application at appropriate intervals to determine general compliance with the released documents and applicable rules of the Commission and will cause all noted deviations from released documents and code violations to be corrected or notify the owner and authorities having jurisdiction of all specific deviations and code violations; and
- I affirm under penalty of perjury that the representations contained herein are true and I further understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Responsibility is for the following systems: Site Foundation Structural Architectural Mechanical

Plumbing Electrical Fire Suppression All Above Other (specify)

Signature	Name of firm (if applicable)		
Name (typed or printed)	Address (number, street, PO Box if applicable)		
Indiana Registration Number:	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer	City, State, Zip Code	
Telephone Number:	E-Mail:	Fax Number:	
Designated Inspecting Design Professional:	Indiana Registration Number:	Telephone Number:	

STANDARD FILING FEE	PROCESSING	PARTIAL	FOUNDATION	INSPECTION	LATE FILING	TOTAL

IF MULTIPLE DESIGN PROFESSIONALS ARE INVOLVED IN THE CERTIFICATION PROCESS, SUBMIT AN ADDITIONAL PAGE 1 WITH THE APPROPRIATE INFORMATION.

PROJECT DATA

(to be completed by submitter) Please answer all pertinent questions

FOR OFFICE USE ONLY	
SBC project number	Filing date

DOCUMENTS REQUIRED FOR FILING

- One Application for Construction Design Release, together with correct filing fees. (See Fee Schedule)
- One complete filing (paper or e-mail). This filing will not be returned to the applicant. A set of drawings identical to those released by the Indiana Department of Homeland Security, Division of Fire and Building Safety, Plan Review Branch, shall be maintained on the project site. Weight limit of each submitted package is 30 pounds.
 - Site plan showing dimensioned location of building to all property lines and to all existing buildings on the property, as well as width of any streets, access roadways or easements bordering the property.
 - Foundation and basement plans and details.
 - Dimensioned floor plans for all floors.
 - Fire and life safety plan showing graphically or by legend the location and rating of building elements such as area separation walls, smoke barriers, fire-resistant corridor walls, stair enclosures, shaft enclosures and horizontal exists.
 - Wall elevations of all exterior walls including adjacent ground elevation.
 - Sections and details of walls, floors and roof, showing dimensions, materials.
 - Structural plans and elevations showing size and location of all members, truss designs showing all connection details, and stress calculations.
 - Room finish schedule showing finishes for walls, ceilings and floors in all rooms, stairways, hallways and corridors.
 - Door schedule showing material, size, thickness and fire-resistive rating for all doors.
 - Electrical plans, diagrams, details and grounding of service entrance and power or lighting information required for energy conservation.
 - Plumbing plans showing location of fixtures, risers, drains, and piping isometrics.
 - Mechanical plans showing location and size of ductwork, equipment, fire dampers, smoke dampers and equipment schedules showing capacity.
 - Fire protection plans showing type of system, location of sprinkler heads, standpipes, hose connections, fire pumps, riser and hanger details.

PROJECT DESCRIPTION (Must Be Complete)		FLOOR AREAS	ESTIMATED COSTS
Scope of work: <input type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling		Total existing (if applicable) Sq. ft.	
Is this construction the result of fire or Natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer: <input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	Addition (if applicable) Sq. ft.	Addition (if applicable) \$
Fire suppression system in building <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Detailed suppression system plans/specs <input type="checkbox"/> Provided <input type="checkbox"/> To follow	Remodeled (if applicable) Sq. ft.	Remodeling (if applicable) \$
If partial, specify where*	Located in flood plain (check county plan commission) <input type="checkbox"/> Yes <input type="checkbox"/> No	Total building area square feet	Total project cost \$
Building construction type and occupancy classification	Building height (stories)*	Number of buildings this submittal (Describe if necessary)*	Volume cubic feet (Fee category E only)
Indiana rehabilitation standard (Rule 8) used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation documents provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use of conversion rule (Rule 13) proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does project include: (Check if yes)			
<input type="checkbox"/> Elevator or lift	<input type="checkbox"/> Combustible fibers storage	<input type="checkbox"/> Fireworks storage	<input type="checkbox"/> Explosives storage
<input type="checkbox"/> High-piled storage	<input type="checkbox"/> Boiler or pressure vessel	<input type="checkbox"/> Hazardous or flammable materials storage	
Describe proposed use of facility IN DETAIL including types of flammable or combustible materials stored or handled *			
Describe IN DETAIL previous or current use of facility (if existing facility)*			
General comments*			Number of persons employed (max/shift)
			Number of persons (public)

GENERAL INFORMATION

Has work at this location ever been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Does project include use of a master plan design release or a factory built modular or mobile structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What year and month?	Previous SBC Project Number	Name of Manufacturer	Master Plan / Modular Number
Has construction started? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has notice of violation or investigation been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, probable construction starting date?

*NOTE: USE SEPARATE SHEET IF ADDITIONAL SPACE IS REQUIRED.