

ZONING COMPLIANCE CERTIFICATE

1. **Previous Use/Occupancy Classification** _____
2. **Type of Construction of the overall Building** _____
3. **Proposed Use/Occupancy Classification (2015 IBC Chapter 3)** _____
B – Office, doctor, real estate M – Retail sales
F – Metal fabrication S – Combustible storage
4. **Occupancy Classification of Adjacent Tenant Spaces**
Left side _____ Right side _____ Rear _____
5. **Approximate Square Footage of Tenant Space** _____
Overall building square footage _____
6. **Occupancy Separation (2015 IBC Section 508) (One-hour per amendment)**
Rating provided (0hr, 1hr, 2hr,3hr)
Non-separated uses – yes or no
Separated uses required – yes or no
no Rating required (1hr, 2hr, 3hr)
7. **Automatic Sprinkler**
System Provided – yes or no
Required – yes or no
8. **Occupant Load (2015 IBC Chapter 10)**
Mixed uses – yes or no
Occupancy Group _____ - _____
Occupancy Group _____ - _____
9. **Means of Egress (2015 IBC Chapter 10)**
Number of exits required _____
Number of exits provided _____
10. **Bathroom Requirements**
11. **Action required – yes or no**

Additional Comments:

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	DFU	# of Fixtures	Total DFU
Commercial clothes washer	3		
Exam lavatory	1		
Dental lavatory	1		
Dental unit or cuspidor	1		
Drinking fountain	0.5		
Floor drain (non-emerg)	2		
Bathtub	2		
Shower	2		
Lavatory	1		
Urinal	4		
Urinal - waterless	2		
Water closet - public 1.6 gpf	4		
Water closet - private 1.6 gpf	3		
Water closet - flushometer tank	4		
Salon shampoo sink	2		
Pet bathing sink	2		
Kitchen sink - each faucet	2		
Service sink - mop	2		
Sink-hand	2		
Sink-floor (see Table 709.2)	<u>2</u>		
Bar sink	<u>1</u>		
Trench Drain	6		=
		Total DFU	TOTAL