



City of Annapolis
Department of Planning and Zoning
 145 Gorman Street Fl 3
 Annapolis, MD 21401-2529

Permitting@annapolis.gov • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • www.annapolis.gov

Tenant Layout Drawings

Minimum Information Required Thereon

Architectural

<u>Attached</u>	Not <u>Applicable</u>	<u>Required Submittal</u>
		<ol style="list-style-type: none"> 1. Tax account number on permit application 2. Original shell permit number and address of building 3. Use group and type of construction of building 4. Trade name and type of business 5. A key plan indicating location of area when multiple spaces are involved (i.e., shopping centers, multi-tenant buildings) 6. Indicate what floor is involved (i.e., grade floor, 3rd floor, etc.) 7. Note overall dimensions of space involved, room sizes, and specific use of each room 8. Note UL design numbers when fire ratings are required 9. Indicate dimensions of corridors and aisle widths 10. Show exit ways, exit signs, and emergency lights as required 11. Door schedule (should indicate type of door, UL, approved closers and hardware, etc.) 12. Note materials used 13. Note flame spread rating of interior finish. (Corridors, stairways, lobbies, and rooms) 14. When required, show cross-section of area with dimensions from floor to bottom of lowest structural member and to ceiling 15. Provide any other cross-sections necessary to accurately depict construction details (wall sections, etc.) 16. State whether or not building has a sprinkler system, and indicate area sprinkled 17. State whether or not building has a fire alarm

Electrical

<u>Attached</u>	Not <u>Applicable</u>	<u>Required Submittal</u>
		<ol style="list-style-type: none"> 1. Provide existing or new electrical riser diagram 2. Provide panel schedules and location of panels 3. Lighting and power plans

All of the above plans shall be self-explanatory without the necessity of reference to plans not a part of the above package.

Mechanical

Attached Not Applicable Required Submittal

1. Submit detailed drawings and riser diagrams
2. Show all fire dampers, and location and type of smoke and fire detection
3. Show ducting to outside air required
4. Show all air volumes
5. Show make, model, and capacities of equipment for HVAC
6. Indicate ceiling design number
7. Location of all equipment and on what and how new equipment is secured

Plumbing

Attached Not Applicable Required Submittal

1. Show existing plumbing facilities, if any (located on plans)
2. Show new plumbing facilities
3. Provide new plumbing floor plan and riser diagram
4. Indicate all connections of new plumbing to existing plumbing
5. Plumbing fixture connection schedule
6. Provide site plan when necessary
7. Indicate details of handicapped facilities

Fire Marshal

Attached Not Applicable Required Submittal

1. Provide specifications for carpets and other floor coverings
2. Indicate alterations or additions to any fixed fire protection equipment (i.e., sprinklers, smoke detectors, heat detectors, etc.)
3. Indicate fixture details (i.e., shelving, racks, ceiling beams, etc.) which interfere with fixed fire protection systems
4. Provide specific information concerning operation or type of business operation to be conducted
5. Provide list of all hazardous chemicals, liquids, and other material to be used, handled, or stored
6. Total quantity of each hazardous chemical, liquid, or other material to be used, handled, or stored
7. Submit a minimum of four (4) sets of detailed shop drawings for all fire protection systems, and equipment. Specifications, model numbers, etc., shall be included.

HEALTH DEPARTMENT***Beauty and Barber Shops***

Attached Not Applicable Required Submittal

1. Provide name and address of establishment (owner/operator's name and phone number)
2. Indicate location of water and sewer supply
3. Provide floor plan of the establishment drawn to scale, showing equipment, windows, doors, storage area, toilets, and type of ventilation to meet code required ventilation amounts
4. Provide list of equipment to be installed or provided

5. Finish schedule of floors, walls, and ceilings, including type of material and color. In some cases, a sample finish may be required.
6. Recovery rate of hot water heater in GPH

Child Care Facilities

Attached Not Applicable Required Submittal

1. Provide location (address) and name of establishment
2. Provide a written proposal describing the method of operations (i.e., time of day, number)
3. Provide six copies of floor plan of the facility, drawn to scale, showing windows, doors, classroom and toilet areas (number of water closets and hand basins must be shown)
4. Provide six copies of site plan, drawn to scale, showing the proposed play areas
5. If food is to be prepared and served on the premises, State and local food codes must be complied with. Provide equipment schedule.

Medical, Dental and Other X-Ray Equipment Facilities

Attached Not Applicable Required Submittal

1. Indicate type of machine
2. Indicate kilo voltage of machine
3. Indicate contemplated use of machine
4. Indicate expected workload per week (number of exposures)
5. Provide details of water heater, including manufacturer and model number of each item, and the method for identifying each item on the equipment layout

Food Establishment

Attached Not Applicable Required Submittal

1. If exhaust hoods are to be installed, the following details are necessary: dimensions of hood, construction material, size, number, and type of filters. CFM output of exhaust fan, size and number of ducts, method of providing make-up air and amount, and/or a drawing of the hood(s) showing the required information, U.L. design or approval. A separate permit is required for hood & duct, and for hood extinguishing system.
2. Indicate seating capacity and type of food service. A sample menu will be required.
3. When an existing food service establishment is extensively remodeled or altered, the establishment must meet all the requirements of the Code. Call for information.

I ATTEST that the above plans/forms are either attached or are not required as noted above.

Applicant signature _____ Date _____