

TOWN OF CARY

2012 APPENDIX B (ABBREVIATED)

BUILDING CODE SUMMARY FOR BUSINESS AND MERCANTILE OCCUPANCIES WITHOUT FOOD SERVICE LOCATED IN AN EXISTING BUILDING (Includes Change of Occupancies of Business to Mercantile or Mercantile to Business)

GENERAL INFORMATION

Name of Tenant: _____
 Address: _____ Suite _____ Zip Code _____
 Proposed Use: _____
 Prepared By: _____ Phone # (_____) _____ - _____

PROPOSED USE OF SUITE

CURRENT USE(S) (NCSBC Ch. 3): _____
PROPOSED USE(S) (NCSBC Ch. 3): _____
CHANGE OF OCCUPANCY (check if applicable): Business to Mercantile Mercantile to Business

BASIC BUILDING DATA

Construction Type (NCSBC Ch. 6): I-A II-A III-A IV V-A
 (check all that apply) I-B II-B III-B V-B
Sprinklers: No Yes **Number of Stories:** _____

Gross Building Area:

FLOOR	ENTIRE EXISTING BUILDING (SF FT)	SUITE OR TENANT (SF FT)	NOTES:
2 nd Floor			1. The Entire Existing Building square footage total should match the Wake County Real Estate Data (Wake County Revenue Department) 2. The Suite or Tenant square footage total should match the OCCUPANT LOAD OF THE SUITE BY USE square footage on page 2
Mezzanine			
1 st Floor			
Basement			
Totals			

ALLOWABLE AREA

Primary Occupancy:

- Business (304)
 Mercantile (309)

Mixed Occupancy (Applicable to buildings with more than one suite or tenant):

- No Yes (If Yes, check one of the two boxes below)
 Non-Separated Use (508.3) - The most restrictive type of construction shall apply to the entire building.
 Separated Use (508.4) - Separation: _____ - hour.

Key Plan:

- Provide a key plan of the building showing the location of this suite in relationship to the building. Identify the use of each suite abutting this suite to confirm the minimum fire separation rating between tenants.

LIFE SAFETY SYSTEM REQUIREMENTS

Emergency Lighting: (Section 1006)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Staff to complete:	<input type="checkbox"/> Required
Exit Signs: (Section 1011)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Staff to complete:	<input type="checkbox"/> Required
Fire Alarm: (Section 907 and NFPA 72-07)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Staff to complete:	<input type="checkbox"/> Required
Smoke Detection Systems: (Section 907)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Staff to complete:	<input type="checkbox"/> Required

EXIT REQUIREMENTS
NUMBER AND ARRANGEMENT OF EXITS

FLOOR, ROOM OR SPACE DESIGNATION	MINIMUM ¹ NUMBER OF EXITS		TRAVEL DISTANCE		ARRANGEMENT MEANS OF EGRESS ² (SECTION 1015.2)	
	REQUIRED (TABLE 1021.2)	SHOWN ON PLANS	ALLOWABLE TRAVEL DISTANCE (TABLE 1016.1) NOTE: BUSINESS & MERCANTILE WITHOUT SPRINKLERS = 200'	ACTUAL TRAVEL DISTANCE SHOWN ON PLANS	REQUIRED DISTANCE BETWEEN EXIT DOORS	ACTUAL DISTANCE SHOWN ON PLANS

¹ Buildings with single exits (Table 1021.2), Spaces with one means of egress (Table 1015.1)

² Common Path of Travel (Section 1014.3)

OCCUPANT LOAD OF THE SUITE BY USE (NCBC TABLE 1004.1.1)

USE GROUP OR SPACE DESCRIPTION	(a)	(b)	(c)	NOTES:
	TENANT OR SUITE AREA (SF FT)	AREA (SF FT) PER OCCUPANT	CALCULATED OCCUPANT LOAD (a÷b)	
BUSINESS		100 gross		Gross Floor Area (GFA): The floor area within the inside perimeter of the exterior walls without deduction for corridors, stairways, closets, interior wall thicknesses, columns or other features.
MERCANTILE		30 gross		
STORAGE area		300 gross		
ASSEMBLY area		15 net		Assembly seating area with tables and chairs
ASSEMBLY area		7 net		Assembly seating or waiting area with chairs only
Total Area		Total Occupant Load		Total area to match the BASIC BUILDING DATA suite SF on page 1

PLUMBING FIXTURES (TABLE 2902.1)

OCCUPANCY USE GROUP AND/OR SPACE DESIGNATION	WATER CLOSETS		URINALS	LAVATORIES		DRINKING FOUNTAINS BUSINESS: REQUIRED FOR OCCUPANT LOAD EXCEEDING 25 MERCANTILE: REQUIRED FOR OCCUPANT LOAD EXCEEDING 99
	MALE	FEMALE		MALE	FEMALE	
BUSINESS						
MERCANTILE						

- Business - This tenant space/suite has 25 occupants or less and is equipped with one unisex restroom
- Mercantile - This tenant space/suite has less than 100 occupants and is equipped with one unisex restroom

SPECIAL USES REQUIRING MECHANICAL PLAN REVIEW FOR VENTILATION RATES (NCMC TABLE 403.3)

- Beauty or nail salon
- Fitness/play areas
- Dance studio
- Pet shop (animal areas)

SPECIAL USES REQUIRING ELECTRICAL PLAN REVIEW (NCEC TABLE 517)

- Office with patient care areas

ACCESSIBILITY (ICC A117.1 Chapter 6)

Accessibility concerns to be addressed prior to the final inspection:

- Door handles must be of the lever type.
- Restrooms: Water closets (toilets) must be elongated with an open-front seat. Lavatories must be accessible with knee and toe clearances with level handle faucets. Grab bars must be installed.