



City of Mobile • Permitting
Building Code Summary
For All Commercial Projects

Information to be copied and placed on drawings

General Information

Name of Project

Address

Proposed Use

Architects Letter of Supervision Provided?

☐ Yes ☐ No

Codes used in design (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 2021 International Building Code | <input type="checkbox"/> 2020 National Electrical Code |
| <input type="checkbox"/> 2021 International Existing Building Code | <input type="checkbox"/> 2021 International Mechanical Code |
| <input type="checkbox"/> 2021 International Fire Code | <input type="checkbox"/> 2021 International Plumbing Code |
| <input type="checkbox"/> 2015 International Energy Conservation Code | <input type="checkbox"/> 2021 International Fuel Gas Code |

Construction Description

☐ Addition ☐ Alteration ☐ New Construction ☐ Renovation of Existing Building ☐ Tenant Build-Out ☐ Shell

Scope of Work – Building:

Scope of Work – Electrical:

Scope of Work – Mechanical / Refrigeration:

Scope of Work – Plumbing:

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Total Lot Area (sf) _____ Gross Area of Building All floors (sf) _____

Total Building Footprint** (sf) _____ Building Height: _____

**to include all buildings on the site, including detached garages, storage sheds, etc.

Number of Stories: _____ Is there a basement? ☐ Yes ☐ No

Existing Buildings

The building will remain in operation during construction ☐ Yes ☐ No

If yes, add provisions for rigid safety barriers and dust barriers to protect the public during construction in accordance with the applicable provisions of IBC Chapter 33. Yellow safety tape is not acceptable.

Provide Level of Alterations per IEBC ☐ 1 ☐ 2 ☐ 3

Renovations (Change of Occupancy)

Is the work in this building or space changing the occupancy type or use? ☐ Yes ☐ No

Historic Buildings

Is this building a Historic Building? ☐ Yes ☐ No

Construction Type ☐ IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB
☐ IVA ☐ IVB ☐ IVC ☐ IVHT ☐ VA ☐ VB

Occupancy Classification

						Occupant Loads
<input type="checkbox"/> Assembly 303	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	_____
<input type="checkbox"/> Business 304						_____
<input type="checkbox"/> Education 305						_____
<input type="checkbox"/> Factory Industrial 306	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2				_____
<input type="checkbox"/> High-Hazard 307	<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5	_____
<input type="checkbox"/> Institutional 308	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4	_____ Condition	_____
<input type="checkbox"/> Mercantile 309						_____
<input type="checkbox"/> Residential 310	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4		_____
<input type="checkbox"/> Storage 311	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2		<input type="checkbox"/> High-piled		_____
<input type="checkbox"/> Utility & Miscellaneous 312						_____
TOTAL OCCUPANT LOAD						_____

Building Element	Required Rating	UL No. *
Structural frame; columns, girders, trusses	_____	_____
Bearing walls exterior	_____	_____
Bearing walls interior	_____	_____
Non-bearing walls & partitions exterior	_____	_____
Non-bearing walls & partitions interior	_____	_____
Floor construction; supporting beams and joists	_____	_____
Roof construction; supporting beams and joists	_____	_____
Sprinkler system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
If "YES", provide Commercial Sprinkler Owners Information Certification: Click here to access the form.		
Sprinkler type	<input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D	
Standpipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wet <input type="checkbox"/> Dry	Class _____
Fire / Smoke Alarm?	<input type="radio"/> Yes <input type="radio"/> No	

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Fire Rated Elements

	Required Rating	Hourly Rating	UL No. *
Ceiling-Floors	_____	_____	_____
Beams	_____	_____	_____
Columns	_____	_____	_____
Ceiling-Roofs	_____	_____	_____
Shafts-Exit	_____	_____	_____
Shafts-Other	_____	_____	_____
Corridor separation	_____	_____	_____
Occupancy separation	_____	_____	_____
Party/Fire wall separation	_____	_____	_____
Smoke barrier separation	_____	_____	_____
Tenant separations	_____	_____	_____

* Or other approved agencies

- All fire rated walls shall be identified on plans by hatching, shading, etc.; show legend.
- Identify code section when using any special exceptions, etc.
- Reproduce full UL. Or other approved agencies details or reproductions of rated assemblies/penetrations on the drawings.

Draft Stopping (IBC 718.3 & 718.4) Draft stopping in floor? ☐ Yes ☐ No Draft stopping in attic? ☐ Yes ☐ No

Accessibility (IBC 11) Does the design conforms to IBC Chapter 11 and ICC A117.1-2017? ☐ Yes ☐ No

If no, explain below condition that will not allow building to be accessible:

Design Loads (City Ordinance 1609.3)**Ultimate Design Wind Speed (IBC 1609 or ASCE 7)**

☐ Risk Cat. I-145MPH ☐ Risk Cat. II-159MPH ☐ Risk Cat. III-169MPH ☐ Risk Cat. IV-179MPH

Live Loads (IBC 1607)

Roof _____ PSF Attic _____ PSF Floor _____ PSF Mezzanine _____ PSF

Wind-Borne Debris Region (IBC 1609)

This building will use impact resistant glass per (IBC 1609.2)? ☐ Yes ☐ No

This building will use engineered shutters or other approved method? ☐ Yes ☐ No

Flood Requirements (IBC 1612) All projects located in a Special Flood Hazard Area shall comply with the City of Mobile Storm Water Management and Flood Control Ordinance. Does this project comply? ☐ Yes ☐ No

If no, explain why:

Special Inspections and Tests (IBC 17)

I have reviewed the requirements of IBC Section 17, specifically 1705; the design incorporates the requirements and is reflected on the drawings and in the specifications. Below are the requirements to be included:

The Contractor has been notified of his responsibility under Section 1704. ☐ Yes ☐ No

Safety Glazing for Hazardous (IBC 2406) I have identified on drawings where tempered glass is required in hazardous locations (2406.4) ☐ Yes ☐ No

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IPC TABLE 403.1 – TOTAL NUMBER OF REQUIRED FIXTURES									
	OCCUPANCY	OCCUPANT LOAD	WATER CLOSETS				LAVATORIES		
			Ratio	Men	Ratio	Women	Ratio	Men	Women
Required									
Total									
	DRINKING FOUNTAIN	SERVICE SINK	MISC	MISC					
Required									
Total									

Fire Department Requirements: The design professional shall provide the following required fire protection elements for the building.

Required water supply _____ GPM @ _____ PSI

Method Used:

_____ The Insurance Service Office (ISO) Method _____ Iowa State University (ISU) Method,
 _____ Illinois Institute of Technology (IIT) Method) _____ International Fire Code 2021 (IFC)

Key Boxes IFC 506: ☐ Yes ☐ No

Locks: ☐ Yes ☐ No

****required for buildings with fire protection systems, gates, non-standard fire service access i.e., elevators**

Emergency Responder Communication Coverage IFC 510: ☐ Yes ☐ No

****Signal strength survey required for structures over 50,000 SF, over three stories high, or those having a basement. This requirement may be requested for structures not meeting these parameters.**

Provide a Life Safety Plan (LSP) for all commercial projects: ☐ Yes ☐ No

****At a minimum, the Life Safety Plan shall illustrate the use for all areas, occupant loads for all areas, exit locations, exit access, exit capacity, maximum travel distance, exit lights, emergency lights, fire extinguishers, fire rated assemblies, assembly area seating layout and exit discharge.**

Compliance Statement required for Fire Approval: ☐ Yes ☐ No

****Where fire apparatus access roads or a water supply for fire protection are required to be installed, such protection shall be installed and made serviceable prior to and during the time of construction.**