

2018 APPENDIX B BUILDING CODE SUMMARY FOR ALL COMMERCIAL PROJECTS
(EXCEPT 1 AND 2-FAMILY DWELLINGS AND TOWNHOUSES) (Reproduce the following data on the building plans sheet 1 or 2)

(UPDATED 12-6-18)

Name of Project: **QUAIL HOLLOW MAINTENANCE BUILDING PHASE 2 - ADDITION & RENOVATION**
Address: **3700 GLENEAGLES** Zip Code: **28210**
Owner / Authorized Agent: **TOM DELOZER** Phone #: **704.552.1800** E-Mail: **tdelozer@quailhollow.com**
Owned By: City/County Private State
Code Enforcement Jurisdiction: City County **MECKLENBURG** State

CONTACT:
DESIGNER: **FIRM NAME** **NAME** **LICENSE#** **TELEPHONE#** **E-MAIL**
Architectural: **LS3P ASSOCIATES LTD.** **DANIEL P. FLETCHER** **14698** **704.533.8600** **FLETCHER@LS3P.COM**
Civil: **DAVID M. MCLEOD** **48313** **704.533.8600** **DMCLEOD@LS3P.COM**
Electrical: **BRIAN WOODS** **48313** **704.533.8600** **BWOODS@LS3P.COM**
Fire Alarm: **BRIAN WOODS** **48313** **704.533.8600** **BWOODS@LS3P.COM**
Plumbing: **BRIAN WOODS** **48313** **704.533.8600** **BWOODS@LS3P.COM**
Mechanical: **BRIAN WOODS** **48313** **704.533.8600** **BWOODS@LS3P.COM**
Sprinkler Standpipe: **BRIAN WOODS** **48313** **704.533.8600** **BWOODS@LS3P.COM**
Structural: **DAVID M. MCLEOD** **48313** **704.533.8600** **DMCLEOD@LS3P.COM**
Retaining Walls & High: **DAVID M. MCLEOD** **48313** **704.533.8600** **DMCLEOD@LS3P.COM**
Other: _____
(*Other should include firms and individuals such as, truss, precast, pre-engineered, interior designers, etc.)

2018 NC BUILDING CODE: New Building Addition 1st Time Interior Completion
 Shell/Core Contact the local inspection jurisdiction for possible additional procedures and requirements
 Phased Construction Shell/Core Contact the local inspection jurisdiction for possible additional procedures and requirements

2018 NC EXISTING BUILDING CODE: N/A Prescriptive Repair Chapter 14
 Alteration Level 1 Alteration Level 2 Alteration Level III
 Change of Use

CONSTRUCTED: (date) _____ **CURRENT OCCUPANCY (S) (Ch. 3):** _____
RENOVATED: (date) _____ **PROPOSED OCCUPANCY (S) (Ch. 3):** _____

OCCUPANCY CATEGORY (Table 1604.5):
Current: NA I II III IV
Proposed: NA I II III IV

BASIC BUILDING DATA
Construction Type: I-A I-B II-A II-B III-A III-B IV V-A V-B V-C
Sprinklers: N/A Yes No Partial NFPA 13 NFPA 13R NFPA 13D
Standpipes: N/A No Class I Wet I Dry II Wet II Dry III Wet III Dry
Primary Fire District: Yes No **Flood Hazard Area:** Yes No
Special Inspections Required: No Yes (Contact the local inspection jurisdiction for possible additional procedures and requirements)

FLOOR	EXISTING (SQ FT)	NEW (SQ FT)	SUB-TOTAL
1st Floor	2962	2962	5924
TOTAL		2962	2962

Primary Occupancy Classification(s):	ALLOWABLE AREA				
	OA-1	OA-2	OA-3	OA-4	OA-5
Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mercantile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility and Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accessory Occupancy Classification(s):
Assembly: OA-1 OA-2 OA-3 OA-4 OA-5
Business: B B-1
Educational: E
Factory: F-1
Hazardous: H-1 Detonate H-2 Deflagrate H-3 Combust H-4 Health H-5 HPM
Institutional: I-1 Condition 1 I-1 Condition 2 I-2 Condition 1 I-2 Condition 2
 I-3 Condition 1 I-3 Condition 2 I-3 Condition 3 I-3 Condition 4 I-3 Condition 5
Mercantile: M
Residential: R-1 R-2 R-3 R-4
Storage: S-1 S-1 High Piled S-2 S-2 High Piled
 Parking Garage (Open) Parking Garage (Enclosed) Repair Garage
Utility and Miscellaneous: U

Special Uses (Table 406.5): _____
Special Uses (Table 406.5 - List Code Sections): **406.5 ENCLOSED PARKING GARAGE**
Special Provisions (Chapter 5 - List Code Sections): _____
Mixed Occupancy: Yes No Non-Separated Use (508.3)
 Separated Use (508.4) - See below for area calculations for each story. The area of the occupancy shall be such that the sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1.
Separation: 1 HR 2 HR 3 HR 4 HR **Exception:** _____
Actual Area of Occupancy A-2 + Actual Area of Occupancy S-2 + Actual Area of Occupancy B ≤ 1
Allowable Area of Occupancy A-2 + Allowable Area of Occupancy S-2 + Allowable Area of Occupancy B
1184 + 2962 + 4366 = 8512 < 10000 ✓

STORY DESCRIPTION AND USE	(A) BLDG AREA PER STORY (ACTUAL)	(B) TABLE 506.2 AREA	(C) AREA FOR FRONTAGE INCREASE ^{1,2}	(D) ALLOWABLE AREA PER STORY OR UNLIMITED ³
1. 1st Floor	5924	5924	5924	5924
2. 2nd Floor	2962	2962	2962	2962
3. BUSINESS	4366	4366	4366	4366

¹Frontage area increases from Section 506.2 are computed thus:
a. $\frac{1}{2} \times \text{Frontage} \times \text{Height} \times \text{Number of Stories}$
b. $\frac{1}{2} \times \text{Frontage} \times \text{Height} \times \text{Number of Stories}$
²Unlimited area applicable under conditions of Section 506.2
³Maximum Building Area = total number of stories in the building x D (maximum 3 stories) (506.2)
⁴The maximum area of open parking garages must comply with Table 406.5.4. The maximum area of air traffic control towers must comply with Table 412.3.1.
⁵Frontage increase is based on the unenclosed area value in Table 506.2

ALLOWABLE HEIGHT	ALLOWABLE	SHOWN ON PLANS	CODE REFERENCE
40	20		TABLE 504.3
2	1		TABLE 504.4

BUILDING ELEMENT	FIRE SEPARATION DISTANCE (FEET)	RATING (w/Reduction)	DETAIL #	DESIGN #	SHEET # FOR RATED ASSEMBLY	FOR PENETRATION JOINT	SHEET # FOR RATED JOINT
Structural frame, including columns, girders, trusses	0						
Bearing Walls	0						
Exterior	30"	0					
North	30"	0					
West	30"	0					
South	30"	0					
Interior	0						
Nonbearing Walls and Partitions	0						
Exterior walls	0						
North	0						
West	0						
South	0						
Interior walls and partitions	0						
Floor construction	0						
Including supporting beams and joists	0						
Floor Ceiling Assembly	0						
Column Supporting Floors	0						
Roof construction	0						
Including supporting beams and joists	0						
Roof Ceiling Assembly	0						
Column Supporting Roof	0						
Shaft Enclosures - Elev	2	1	N/A	N/A	N/A	N/A	N/A
Shaft Enclosures - Other	2	1	N/A	N/A	N/A	N/A	N/A
Control Separation	N/A						
Occupancy Barrier Separation	N/A						
Party/Fire Wall Separation	N/A						
Smoke Barrier Separation	N/A						
Smoke Partition	N/A						
Fire-Retarding Liner	N/A						
Sleeping Unit Separation	N/A						
Incidental Use Separation	N/A						

* Indicate section number permitting reduction

PERCENTAGE OF WALL OPENING CALCULATIONS			
FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINE	DEGREE OF OPENINGS PROTECTION (TABLE 1008.4)	ALLOWABLE AREA (%)	ACTUAL SHOWN ON PLANS (%)
N/A			

LIFE SAFETY SYSTEM REQUIREMENTS
Emergency Lighting: No Yes
Exit Signs: No Yes
Fire Alarm: No Yes
Smoke Detection Systems: No Yes Partial
Carbon Monoxide Detection: No Yes

LIFE SAFETY PLAN REQUIREMENTS
Life Safety Plan Sheet #: **LDX**
 Fire and/or smoke rated wall locations (Chapter 7)
 Assumed and real property line locations (if not on the site plan)
 Exterior wall opening area with respect to distance to assumed property lines (705.6)
 Occupancy Use for each area as it relates to occupant load calculation (Table 1004.1.2)
 Occupant loads for each area
 Exit access level distances (1017)
 Common path of travel distances (Tables 1006.2.1 & 1006.3.2(1))
 Dead end lengths (1020.4)
 Clear exit widths for each exit door
 Maximum calculated occupant load capacity each exit door can accommodate based on egress width (1009.3)
 Actual occupant load for each exit door
 A separate schematic plan indicating where fire rated floor/ceiling and/or roof structure is provided for purposes of occupancy separation
 Location of doors with panic hardware (1010.1.10)
 Location of doors with delayed egress locks and the amount of delay (1010.1.9.7)
 Location of doors with electromagnetic egress locks (1010.1.9.9)
 Location of doors equipped with hold-open devices
 Location of emergency escape windows (1030)
 The square footage of each fire area (502)
 The square footage of each smoke compartment for Occupancy Classification I-2 (407.5)
 Note any code exceptions or table notes that may have been utilized regarding the items above

ACCESSIBLE DWELLING UNITS (SECTION 1107)			
TYPE	MINIMUM	MAXIMUM	PROVIDED
1-BR	1	1	1
2-BR	2	2	2
3-BR	3	3	3
4-BR	4	4	4
5-BR	5	5	5
6-BR	6	6	6
7-BR	7	7	7
8-BR	8	8	8
9-BR	9	9	9
10-BR	10	10	10
11-BR	11	11	11
12-BR	12	12	12
13-BR	13	13	13
14-BR	14	14	14
15-BR	15	15	15
16-BR	16	16	16
17-BR	17	17	17
18-BR	18	18	18
19-BR	19	19	19
20-BR	20	20	20

ACCESSIBLE PARKING (SECTION 1106)			
TYPE	MINIMUM	MAXIMUM	PROVIDED
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
20	20	20	20

PLUMBING FIXTURE REQUIREMENTS (TABLE 2902.1)			
USE	WATER CLOSETS	URINALS	LAVATORIES
MALE	1	1	1
FEMALE	1	1	1
UN	1	1	1
REG	1	1	1
ACC	1	1	1

SPECIAL APPROVALS
Special approval (Local Jurisdiction, Department of Insurance, OSC, DPI, DHS, ICC, etc., describe below): _____

ENERGY REQUIREMENTS:
The following data shall be considered minimum and any special attribute required to meet the energy code shall also be provided. Each Designer shall furnish the required portions of the project information for the plan data sheet. If performance method, state the annual energy cost for the standard reference design vs annual energy cost for the proposed design.
Existing building envelope complies with code: No Yes (the remainder of this section is not applicable)

Exempt Building: No Yes
Climate Zone: D/NA 3A 3A 4A 5A
Method of Compliance:
 Energy Code - Prescriptive
 Energy Code - Performance
 ASHRAE 90.1 - Prescriptive
 ASHRAE 90.1 - Performance
 Other - Performance, If "Other" specify source here

THERMAL ENVELOPE: (Prescriptive Method Only)
Roof/Ceiling Assembly (each assembly)
Description of assembly: _____
U-Value of total assembly: _____
R-Value of insulation: _____
Skylights in each assembly: _____
Total square footage of skylights in each assembly: _____
R-Value of insulation: _____
Exterior Walls (each assembly)
Description of assembly: _____
U-Value of total assembly: _____
R-Value of insulation: _____
Openings (windows or doors with glazing)
Description of assembly: _____
U-Value of assembly: _____
Solar heat gain coefficient: _____
Projection Factor: _____
Opaque Swinging Door: _____
Storefront Ent. Door: _____
Walls below grade (each assembly)
Description of assembly: _____
U-Value of total assembly: _____
R-Value of insulation: _____
Floors over unconditioned space (each assembly)
Description of assembly: _____
U-Value of total assembly: _____
R-Value of insulation: _____
Floor slabs on grade (each assembly)
Description of assembly: _____
U-Value of total assembly: _____
R-Value of insulation: _____
Horizontal/Vertical requirement: _____
Slab Height: _____

STRUCTURAL DESIGN
(PROVIDE ON THE STRUCTURAL SHEETS IF APPLICABLE)
Foundation: _____
Columns: _____
Beams: _____
Walls: _____
Roof: _____
Floor: _____
Other: _____

MECHANICAL DESIGN
(PROVIDE ON MECHANICAL SHEETS IF APPLICABLE)
HVAC: _____
Piping: _____
Controls: _____
Other: _____

ELECTRICAL DESIGN
(PROVIDE ON ELECTRICAL SHEETS IF APPLICABLE)
Wiring: _____
Equipment: _____
Other: _____

SEE SHEET S-001
SEE SHEET M-001
SEE SHEET E-006

SEE SHEET LDXR

SEE SHEET E-006

SEE SHEET E-006

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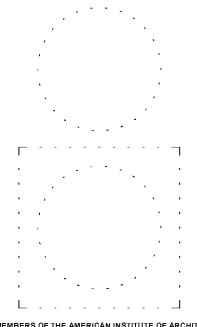
PHASE 2 - GROSS BUILDING AREA PLAN



MAINTENANCE BUILDINGS



227 WEST TRADE STREET SUITE 700
CHARLOTTE, NORTH CAROLINA 28202
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REVISIONS:

No.	Description	Date

PROJECT: 9006-197950
DATE: 19 JUNE 2020
DRAWN BY: Author
CHECKED BY: Checker

BUILDING CODE SUMMARY - PHASE 2

G-002.2

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