

CHECK OFF LIST

TENANT CHANGE FOR C.O. OR GENERAL REMODELING

LOCATION: _____ DATE _____

APPLICANT: _____

REVIEWER: _____ TYPE OF PROJECT _____

NO. _____ YES NO

1. ZONING VERIFICATION APPROVAL RECEIVED _____
2. PLANNING BOARD APPROVAL RECEIVED _____
3. APPLICATION FOR BUILDING AND ZONING PERMIT WITH TWO COMPLETE SETS OF PLANS _____
4. PLANS STAMPED BY ARCHITECT OR ENGINEER (IF REQ'D BY BLDG. DEPT.) _____
5. ARCHITECT/ENGINEER PAPERS (IF REQ'D BY BLDG. DEPT.) _____
6. PLANS MUST SHOW THE FOLLOWING:
 - A. ALL DOORS (INC. EXIT DOORS) LOCATION, SIZE, DIRECTION OF SWING _____
 - B. ALL ROOMS IDENTIFIED AS TO THEIR INTENDED USE _____
 - C. COMPLETE DIMENSIONS ON PLANS _____
 - D. CORRIDOR WIDTHS _____
 - E. DISTANCE OF TRAVEL TO AN EXIT _____
7. TOILET ROOM REQUIRED _____
 - A. VENTILATION TO THE EXTERIOR (WINDOW OR FAN) _____
 - B. DOOR CLOSER _____
 - C. HANDICAPPED FACILITIES SHOWN (IF REQ'D) _____
8. EXIT AND EMERGENCY LIGHTS WITH BATTERY BACKUP SHOWN ON PLANS _____
9. TOTAL OCCUPANCY AND/OR NUMBER OF EMPLOYEES _____

N/R - NOT REQUIRED

OFFICE REVIEW _____

FIELD CHECK _____