



# CITY OF NEWPORT BEACH

## COMMUNITY DEVELOPMENT DEPARTMENT BUILDING DIVISION

100 Civic Center Drive | P.O. Box 1768 | Newport Beach, CA 92658-8915  
www.newportbeachca.gov | (949) 644-3200

### COMMERCIAL MECHANICAL, ELECTRICAL, AND PLUMBING QUESTIONNAIRE FOR PLAN REVIEW WAIVER

**Job Address:** \_\_\_\_\_

The above-proposed project **may** require electrical, mechanical, and or plumbing plan checking. The following questions are regarding the **new** proposed work and the applicable areas it serves. If the answer to a question below is “**YES**,” a plan check is required for the Electrical, Mechanical, and/or Plumbing portion of work. To expedite the permit process, please submit this questionnaire along with an application and three (3) sets of plans.

NOTE: The Chief Building Official may make exceptions for minor work, additions, and alterations.

#### COMMERCIAL TENANT IMPROVEMENTS ONLY

##### GENERAL

- |   | <u>NO</u>                | <u>YES</u>               |
|---|--------------------------|--------------------------|
| 1. Is the area of work more than 2,500 square feet?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the area of work for OTHER THAN an occupancy classification and (use) of B (office), or M (retail)?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the area of work require a concurrent review from any other City department or outside agency (i.e. Health, Fire, or Public Works)? | <input type="checkbox"/> | <input type="checkbox"/> |

##### PLUMBING

- |   | <u>NO</u>                | <u>YES</u>               |
|---|--------------------------|--------------------------|
| 4. Does the work include more than 9 plumbing fixtures?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the potable water piping 2-inches or greater?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the work involve the installation of any pumps?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the work include a gas system other than typical low pressure system?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there any installations, alterations, or relocations of a grease interceptor and or clarifier? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the plumbing work above the ground floor in a high-rise building?                               | <input type="checkbox"/> | <input type="checkbox"/> |

**MECHANICAL**

**NO**    **YES**

- 10. Does the work include any refrigeration equipment?
- 11. Does the work include new rooftop equipment weighing a total of 250 lbs. or more?
- 12. Does the work include altering the existing smoke detection system in the air plenum?
- 13. Does the work include duct work with fire and or smoke dampers or duct extensions over 25 feet?
- 14. Are there any new installations containing a commercial type kitchen hood, Types I or II?

**ELECTRICAL**

**NO**    **YES**

- 15. Does the work include a new service, sub panel, or transformer rated over 400 amps?
- 16. Does the work involve more than 5 branch circuits?
- 17. Indoor lighting: Any new or replacement lighting over 50% of the existing lighting in the area?
- 18. Outdoor lighting: Any new or replacement lighting over 50% of the existing luminaries in a permitted area?
- 19. Does the work involve any high voltage installations (over 600 volts)?

**ITEMS NOT ELIGIBLE FOR M.E.P. PLAN REVIEW WAIVER**

**PLUMBING**

- New restroom facilities
- Septic tanks, cesspools
- Chemical waste
- Combination waste & vent

**MECHANICAL**

- Boilers
- Spray booth
- Fire and/or smoke damper
- Medical gas system
- Medium pressure gas piping

**ELECTRICAL**

- OSHPD 3 uses
- Dock or harbor power
- Photovoltaic or standby generator
- Fuel cells

I certify that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone #: \_\_\_\_\_