

UCC Review

Project Name:		
Address:		
Municipality:		
Designer's Name/#:		
Project Manager/#: Date of Review:		
Reviewer's Name:		UCC #
Full Plan Review—Required In	formation from PA L&I Form UCC2	
I. UCC Basic Review - Rec	uired Information from PA L&I Form	UCC2
<u>Code Versions</u> – 2009 IBC, IPC, IMC, IECC, IEBC, IFGC, ICC/ANSI A117.1-2009, NEC 2008, Other:		
Description & Analysis of Exi	sting Building Area	
Legally occupied, Y, N		
Occupancy Classifications:		
Construction Type:	, Non-sprinklered	
Gross Area, total:	SqFt	
Gross Area, altered area:	SqFt	
Occupancy load, IBC Table 1004.	1.1,	
Occupancy load, IBC Table 1004.	1.1, altered area,	_
Means of Egress, Exit Travel, IBC	Table 1016.1 –/	(Spr/NonSpr)
Egress Width, IBC1005.1 for alter	ed area,	_
Total Plumbing fixtures needed to WC= 1/, Lav=1/		; Female = WC / lav
Total Plumbing fixtures present in Male = WC /	existing buildinglav; Female =WC /	lav
Areas require automatic sprinkler	IBC 903 Y, N	
Fire Alarm required, IBC907 Y, N		