



Town of Westport  
 Building Department & Fire Marshal's Office

### Code Data Worksheet

*Please have a design professional complete all the applicable code data on this form and include it with your document submission. If an item is not applicable to your submission, indicate "NA" on the form. Use additional sheets as necessary.*

*Failure to submit this form completely may constitute a violation of CSBC 107.2 and result in a delay or rejection of your submission.*

#### 1) PROJECT CONTACTS & SITE INFORMATION

Project Address:			
Design Professional	Address	Telephone	Email
Contractor (If Available)	Address	Telephone	Email

#### 2) USE GROUP, CONSTRUCTION TYPE & OCCUPANCY LOAD

Use Group (Sec. 304)	Present	Proposed		
Construction Type (Table 503)	Minimum Required	Actual Provided		
Fire Sprinklers (Section 903)				
Usable Square Footage	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor
Maximum Occupant Load Allowed (Table 1004.1.2)				
Occupant Load Provided				

**3) FIRE RESISTANCE RATINGS IN HOURS (TABLE 601)**

	Present	Proposed
Structural Frame		
Exterior Bearing Walls		
Interior Bearing Walls		
Exterior Non-Bearing Walls		
Interior Non-Bearing Walls		
Floor Construction		
Roof Construction		
Tenant Separations		
Vertical Openings		
Exit Access Corridors		
Exit Enclosures		

**4) MEANS OF EGRESS**

(Chapter 10)	Required	Provided
Number of Fire Exits		
Single Exit Spaces		
Fire Exit Separation		
Exit Travel Distance		
Common Path of Travel		
Egress Door Widths		

Provide single exit code analysis on a separate sheet

**5) INTERIOR FINISHES**

(Table 803.9)	Required	Provided
Interior exit stairs, ramps, passageways		
Corridors & Enclosures		
Rooms & Enclosed Spaces		

**10) FIRE PROTECTION SYSTEMS**

Will a full-premises fire alarm system be provided? YES NO

Will a full-premises fire sprinkler system be provided? YES NO

What type of fire sprinkler system?

**11) DESIGN CODE DOCUMENTATION**

List the Codes Used to prepare this submission:

	Code	Date
Building		
Electrical		
Mechanical		
Plumbing		
Fire		
Did you consult the CT Code Amendments?		

Prepared By: \_\_\_\_\_ (Print Name)

Contact Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Date Submitted: \_\_\_\_\_