



Battery Systems Checklist



Project Name: _____
 Project Address: _____
 Project Contact: _____

General Project Submittal Minimum Standards:

Plans which do not contain the minimum information required will not be accepted for plan check.

| Applicant | Office Use Only | |
|-----------|-----------------|--|
| | | Minimum Plan Review Standards |
| | | Completed Permit ELECTRONIC PERMIT APPLICATION required at the time of plan submittal. |
| | | Clear and legible ELECTRONIC DRAWINGS . |
| | | LINES and letters must be dark enough to provide good contrast on paper. |
| | | TEXT must be easily read without magnification. |
| | | Pencil electronic drawings are <u>not</u> acceptable (including corrections or alterations). |
| | | SCALE: All drawings must be drawn to scale. |
| | | SIZE REQUIREMENTS: Electronic drawings must be of one size. Size of plans must be adequate size to allow for plan review. |
| | | Washington State Law requires that any registered professional who prepares or supervises the preparation of drawings and construction documents stamp and sign such documents. |
| | | Compass direction and clearly marked scale on all plans. |
| | | Provide a narrative of the scope of work. |
| | | Completed Permit ELECTRONIC PERMIT APPLICATION required at the time of plan submittal. |

Requirements:

| Applicant | Office Use Only | |
|-----------|-----------------|---|
| | | Description of Requirements |
| | | ELECTRONIC DRAWINGS: Provide clear and legible drawings with cut sheets for this specific residential/commercial structure required for submittal. Note: Additional drawings may be required to be submitted if the applicant requires more than one stamped, approved set of plans. |
| | | Working Drawings – Floor Plans: |
| | | Location of where the batteries are going to be stored and how many. |
| | | Room construction or cabinet type. |
| | | Ventilation location. |
| | | |
| | | System Information: |
| | | Legend showing all symbols and device description. |
| | | Make, model and type of all batteries. |
| | | Make, model and type of cabinets. |
| | | Safety caps types. |
| | | Spill control and neutralization type. |
| | | Ventilation type and information for rate of flow. |
| | | Supervision of the mechanical ventilation system. |
| | | Equipment room/cabinet signage. |
| | | Seismic bracing information. |
| | | Smoke detection location. |

Please read the information below and sign before submitting your application:

Your application shall be deemed complete only if this checklist is completed and submitted along with the submittal package. Submittals not accompanied by a checklist will not be accepted. Accuracy of the submittal package, including this checklist, is the responsibility of the applicant. Failure to submit an accurate submittal package will be considered an incomplete application by the Plan Reviewer. An incomplete submittal will result in a HOLD. A resubmittal (new submittal package) will be required and always results in a delay.

I have checked the application boxes and have included those requirements in my submittal.

Print Name

Signature and Date