

**Project Address (CSG Office Use Only)** 

**CSG Number** (CSG Office Use Only)

## **CSG CONSULTANTS**

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## Marijuana Remodel of Existing Building Plans Processing Checklist

The following is a list of what is required for all new plan submittals, any information that is not provided will result in the plans being returned to the party submitting them.

<b>Review type requested by Applicant:</b> $\square$ P.M.E. $\square$ Structural $\square$ Fire Life Safety $\square$ All Inclusion	Review type requested by Applicant:	$\square$ P.M.E.	☐ Structural	☐ Fire Life Safety		All Inclusive
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Applicant Use ✓	Items Requested	CSG Plan Review Verification
	Completed Letter of Building Application, All Fields Filled In. (required for initial submittal and resubmittals)	
	Code Analysis (Adopted Codes, Type of Construction, Square Footage, Project Type, Occupant Load, Fire Protection, OUBCC Changes)	
	Demolition Plan (rated walls, rated barriers, rated partitions, demolished walls	
	Life Safety Plan (egress, location of rated walls, rated barriers, rated partitions draft stopping, egress, fire extinguishers, occupant load per room, alternatives approved, directives applied, load bearing walls)	
	Building Elevation Plan (Building Height, Floor Elevations, Roof Slope, Dead loads within 10' of the edge of the building)	
	Building Layout showing (Fire/Smoke Dampers, Emergency Lights-Inside and Outside, Exit Signs)	

Applicant Use ✓	NFPA 1 Requirements – Marijuana Growing, Processing, and/or Extraction Facilities (Identify on the plans, provide supporting documentation, etc.)	CSG Plan Review Verification
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	Ventilation for Light Fixtures as per Manufacturer and NFPA 90A	
	Ozone Generator (Identify Approved Cabinet with Specifications or generator Room or Location Outside of the building, Secondary Containment, Automatic Shutdown, Manual Shutdown)	
	Extraction Equipment located in a Room of Non-combustible Construction	
	Extraction Equipment located within an Assembly, Educational, Day Care, Health Care, Ambulatory Health Care, Residential Board and are, Residential, or Detention and Correctional Facilities (Identify all that apply)	
	Identify the location of all Self-Closing or Automatic Closing Devices	
	Identify the location of all Panic or Fire Exit Hardware	
	Extraction Systems or Equipment is Listed or Approved (Provide Documentation and Its Location on the Plans)	
	Heating Equipment-Vacuum Ovens, Heating Mantels, Heat Guns, or other Equipment Used to heat to heat Flammable or Combustible Liquids or Oils Containing Liquefied Petroleum Gasses (Provide its location)	
	Refrigerators, Freezers, and other Cooling Equipment Used to Store or Cool Flammable Liquids are Listed for the Storage of Flammable/Combustible Liquids or Listed for Class I, Division 1 locations (Provide Specifications and Locations)	
	Use of Non-Listed Systems and Equipment (Provide Documentation)	
	Change of Extraction Medium (Provide Documentation)	
	Liquefied Petroleum Gas (LPG) Extraction-Chemical Fume Hood or Extraction (Provide Location of All Hoods and Enclosures on Plans)	
	Conductive Equipment Bonded and Grounded-Identify Process	
	Location of Class I, Division 1 Devices on Plans	
	Components Interlocked with Exhaust System-Identify Locations and Process	
	Emergency Power Installed (If Applicable)	
	Extraction Room Detection (Provide Specifications and Threshold)	

Applicant Use ✓	Automatic Suppression System for Hood or Enclosure-Identify Location and Type of Suppression on Plans	CSG Plan Review Verification
	Flammable or Combustible Liquid Extraction-Location of Chemical Fume	
	This form replaces all previous editions. Previous editions should no longer be used after April 1, 2023.	
	Hood And/or Exhaust System	
	Carbon Dioxide Extraction-Location, Compressed Gas Cylinder Locations	
	Carbon Dioxide Detection-Location, Specifications	
	One CD-R computer disc containing all drawings and specifications	
	Installing a Fence Around the Property	
	Within 1,000 feet of a School	
	Two sets of signed and sealed paper plans to include: Demolition Plan, Life Safety Plan, Building Layout; Building Elevation Plan, Scope of Work Letter	
	One set of signed and sealed letters identifying proper design for Mechanical, Electrical, and Plumbing as they apply	
	Method of Payment-Check, Credit Card	
	Do not provide full Architectural, Mechanical, Electrical, Plumbing Plans	

A 4-hour minimum charge will be applied at initial submittal.

Payment is due at time of submittal. Additional time will be charged as incurred.

All fees shall be paid prior to release of approved plans.

Thank you!