Reset Form

SANITARY FIXTURE DETERMINATION WORKSHEET

Total building design occupancy = _____ (determined from IBC 1003.2.2)

Building occupancy which most closely resembles the use of the space (list each separately)
(Caution: Table 2902.1 uses may be more exact than general use groups of IBC chapter 3)

As in the past, a submitter may document an actual occupancy load, rather than the load determined strictly by square footage, to the building reviewer for consideration of a reasonable number of toilet fixtures. In no case, will the reviewer accept less than 50% capacity or less than the seating indicated on the plans, except possibly via the petition for variance process.

OCCUPANCY		WATER CLOSETS			LAVATORIES		TUB/SHOWER		D F	OTHER
Type	Number People	Factors	Fixtures # Male	Fixtures # Female	Factor	Number Fixtures	Factor	Number Fixtures	Number Fixtures	List the Type

Total = _____ (this number should equal building total shown at top on this page)

Round fractions up to a whole number or to one decimal place, if shared facilities are used.

Note that urinals may be substituted for up to 50% of water closets for men per COMM 62.2902(1)(a).

COMPLIANCE CHECK	Men		Women	Lavatories	Bath Tub/ Shower	Drinking Fountain	Other (List)
	Urinals	Water Closets	Water Closets				
REQUIRED							
PROVIDED							

See IBC 2902.2 & 2902.3 for special exceptions, as well as COMM 62.2902 special restrictions.