

PLAN REVIEW APPLICATION

APPLICANT INFORMATION

Applicant/Company Name _____		
Mailing Address _____	Suite/Unit No. _____	
City _____	State _____	Zip _____
Phone (____) _____	Fax (____) _____	Cell (____) _____

PROJECT INFORMATION - Will any EXTERIOR work be done? YES NO

Project Name/Name of Business _____		
Cost \$ _____	Tax Parcel No. _____	
Address _____	Suite/Unit No. _____	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Tenant Build-out
Are There Any Deed Covenant/Restrictions That Limit This Type Of Activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROJECT DESIGNERS

Architect _____	Mechanical _____
Structural _____	Fire Protection _____
Electrical _____	Civil _____
Plumbing _____	Other _____

YEAR OF REFERENCED CODES

IBC _____	IFGC _____	IRC _____
IECC _____	NEC _____	IEBC _____
IPC _____	IMC _____	IFC _____
ICC/ANSI A117.1 _____		

FOR OFFICE USE ONLY	
DATE APPLICATION SUBMITTED: _____	REC'D BY: _____
FEE SUBMITTED: _____	CHECK# _____ CASH ___ CREDIT ___ DATE: _____
FEE RECEIVED BY: _____	

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COMMERCIAL PROJECT DETAILS:

Type of Construction _____ Building Height: _____ feet Number of Stories _____

Mezzanine: YES NO Basement: YES NO

Gross Building Area: Existing _____ (sq. ft.) New _____ (sq. ft.) Subtotal _____ (sq. ft.)

Is a DHEC approved site plan being submitted? YES NO

Is an approved Encroachment Permit being submitted? YES NO

What type of business will the building be used for? (Please be VERY specific, i.e., retail, nail salon, daycare, etc.) _____

What is the total number of parking spaces provided? _____ Dimensions: _____

What is the total number of handicapped spaces provided? _____ Dimensions: _____

Does the building have a sprinkler system? YES NO Type of system: NFPA 13 13R 13D

Does the building have a standpipe? YES NO Class of system: I II III WET DRY

Does the building have a fire pump? YES NO If yes, is it new or existing? _____

Does the building have an elevator? YES NO

Fire Alarm includes the following number of devices:

____ Smoke Detectors ____ Heat Detectors ____ Duct Detectors ____ Pull Stations

____ A/V Devices ____ Water Flow ____ Tamper Switches

List Other: _____

Building Occupancy _____ Primary Occupancy _____ Secondary Occupancy _____

Net sq. ft. per occupancy _____ Gross sq. ft. per occupancy _____

Mixed Occupancy: YES NO Separation: _____ Hr. Exception: _____

Total occupant load of building: _____

Applicant Representative

Representative's Signature

Date