

# COMMERCIAL PLAN REVIEW APPLICATION

Name of Project: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_

Contact Person/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Detailed description of proposed use: \_\_\_\_\_

Project Cost: \$ \_\_\_\_\_

Occupancy Group: \_\_\_\_\_ Size (square feet): \_\_\_\_\_ Stories: \_\_\_\_\_ Building Height: \_\_\_\_\_

Type of Work: ☐New ☐Addition ☐Renovation ☐Upfit ☐Shell ☐Demolition ☐Other \_\_\_\_\_

Type of Construction: ☐IA ☐IB ☐IIA ☐IIB ☐IIIA ☐IIIB ☐IV ☐VA ☐VB

Hazardous Material Survey ☐ Required for renovation if asbestos is known present or unknown

*Note: Any project that may disturb existing hazardous materials such as asbestos or lead paint must follow NC DHHS regulations. Contact a NC-accredited asbestos and/or lead paint professional or the NC DHHS Health Hazards Control Unit (919.707.5950) for more information.*

Statement of Special Inspections: ☐Included with documents ☐Not required per NCBC 1704.1.2

NCDOI review also required if: ☐ High Rise (403) ☐ Covered Mall (402) ☐ City/County Owned & greater than 20,000 sf

☐ Assembly >1,000 occupants, except bleachers ☐ Education >2 stories or >20,000 sf per story ☐ Hazardous > 100 occupants

☐ Institutional >3 stories or 10,000 sf per story ☐ Residential >4 stories or >100 units per building

☐ 24/7 expedited plan review

By checking this box you agree to the terms and additional fee of \$2,500 associated with the expedited plan review procedures.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## *Fields below for Rowan County use only*

Plans received by: \_\_\_\_\_ Permit# REV Date received: \_\_\_\_\_

Plans reviewed by: \_\_\_\_\_

Revisions (requested/submitted): \_\_\_\_\_

Review approval date: \_\_\_\_\_ Date Applicant Notified: \_\_\_\_\_

Fire Marshal approval date: \_\_\_\_\_ Inspection Level: \_\_\_\_\_

Approved Plans Received by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_