

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.

print name

signature

date

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: _____

print name

signature

date