



PLAN REVIEW APPLICATION CHEROKEE COUNTY



Building Safety
Office (864) 487-2561
Fax (864) 902-1100

APPLICANT INFORMATION

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

PROJECT INFORMATION

| | |
|---|-----------------------------------|
| 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 _____ | ICC/ANSI A117.1 _____ |
| IMC _____ | IFC _____ |

PROJECT INFORMATION

Construction Type _____ 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 System 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: _____

Total Cost of Review: _____ Cash _____ Check _____ CC _____

Applicant Representative

Applicant/Representative's Signature

Date