



**PLAN REVIEW APPLICATION**  
**CHEROKEE COUNTY**  
**Building Safety**  
Office (864) 487-2561  
Fax (864) 902-1100



Permit # \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant/Company Name _____		
Mailing Address _____		Suite/Unit No. _____
City _____	State _____	Zip _____
SC Contractor License # _____		
Phone (____) _____	Fax (____) _____	Cell (____) _____
Email: _____		

**PROJECT INFORMATION**

Project Name/Name of Business _____		
Owner's Name _____		
Address _____		
City _____	State _____	Zip _____
Phone # _____		
Total Project Cost \$ _____	Tax Parcel No. _____	
Project Address _____		Suite/Unit No. _____
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition/Renovation	<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**

SCBC \_\_\_\_\_ SCMC \_\_\_\_\_ SCFGC \_\_\_\_\_ ICC/ANSI A117.1 \_\_\_\_\_  
SCRC \_\_\_\_\_ SCPC \_\_\_\_\_ SCECC \_\_\_\_\_  
NEC \_\_\_\_\_ SCFC \_\_\_\_\_ SCEBC \_\_\_\_\_

**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

Septic:  Public Sewer:  Water: Public:  Water District: \_\_\_\_\_

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**