



# CHEROKEE COUNTY

## Building Safety

110 Railroad Ave.

Gaffney, SC 29340

Office 864-487-2561 Fax 864-902-1100



### PLAN REVIEW APPLICATION

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

#### APPLICANT INFORMATION

Applicant/Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite/Unit No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SC Contractor License # \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

#### 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.: \_\_\_\_\_

☐ New Construction ☐ Addition/Renovation ☐ Tenant Build-out

Are There Any Deed Covenant/Restrictions That Limit This Type of Activity? ☐ Yes ☐ No

#### PROJECT DESIGNERS

Architect \_\_\_\_\_

Mechanical \_\_\_\_\_

Structural \_\_\_\_\_

Fire Protection \_\_\_\_\_

Electrical \_\_\_\_\_

Civil \_\_\_\_\_

Plumbing \_\_\_\_\_

Other \_\_\_\_\_

## YEAR OF REFERENCED CODES

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

## PROJECT INFORMATION

Construction Type \_\_\_\_\_ Building Height: \_\_\_\_\_ ft. Number of Stories \_\_\_\_\_  
Mezzanine: ☐ Yes ☐ No Basement: ☐ Yes ☐ No  
Gross Building Area: Existing \_\_\_\_\_ Sqft New \_\_\_\_\_ Sqft Subtotal \_\_\_\_\_ Sqft  
Is a DES 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**