



# 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**