

206 W. Front Street Liberty, SC 29657 864-843-3177

COMMERCIAL PLAN REVIEW APPLICATION



Department of Building Safety 4795 South Church St. Ext. - Suite 2 Roebuck, SC 29376 864-586-6111

ALL PLANS MUST INCLUDE A CODE ANALYSIS PROOF OF ID MUST BE SUBMITTED WITH APPLICATION

FOR PLAN REVIEW:

All plan reviews are conducted electronically. To submit plans for review please complete this application and email to planreview@cciservicesllc.com. Once application is reviewed an invoice for the plan review will be submitted to you for payment. Additional info will follow through email once payment is received.

Please direct any questions to planreview@cciservicesllc.com or 864-586-6111 Ext. 2

OFFICE USE ONLY:

FACILITATOR'S INITIAL APPLICATION SUBMITTAL DATE: _____ PLAN REVIEW #: _____ FEE: \$_____ **DESCRIPTION OF WORK:** TYPE OF WORK (check all that apply): TYPE OF CONSTRUCTION: ___ Addition _____ Alteration ____ New Construction _____ ___ Repair _____ Interior Demolition __ TOTAL SQUARE FOOTAGE: TYPE OF OCCUPANCY: DOES THE BUILDING HAVE: A Sprinkler System? A Fire Alarm System? (not a burglar alarm) A Fire Suppression System/Hood? YES NO YES NO **PROJECT INFORMATION:** PARCEL ID #: PROJECT NAME: PROJECT STREET ADDRESS: STE: CITY: STATE: ZIP: PROJECT COSTS: PROPERTY OWNER'S INFORMATION: PROPERTY OWNER'S NAME: PROPERTY OWNER'S PHONE #: PROPERTY OWNER'S MAILING ADDRESS: CITY: STATE: ZIP: PROPERTY OWNER'S EMAIL ADDRESS:

CONTRACTOR CONTACT INFORMATION:			STATE LICENSE (LLR) #:				
BUSINESS NAME:		D/B/A:	JI.				
BUSINESS MAILING ADDRESS:		CITY:			STATE:	ZIP:	
BUSINESS CONTACT'S NAME:				BUSIN	I IESS PHON	<u> </u> E #:	
BUSINESS CONTACT'S EMAIL ADDRESS:	BUSINESS CONTACT'S PHONE #:						
PROPERTY OWNER'S NAME:		PROPERTY OWNER'S PHONE #:			IER'S PHONE #:		
DESIGNER OF RECORD:	NAME OF DESIGNER:						
DESIGNER'S EMAIL ADDRESS:				DESIG	INER'S PHO	ONE #:	
WHO SHOULD THE PLAN REVIEWER CONTACT WITH QU	UESTIONS:						
CONTACT'S EMAIL ADDRESS:				CONT	ACT'S PHO	DNE #:	
WHO SHOULD RECEIVE PLAN REVIEW COMMENTS:							
				,			
CONTACT'S EMAIL ADDRESS:				CONTACT'S PHONE #:			
PROJECT DESIGNERS OF RECO	RD:						
OWNER:	PLUMBING:						
ARCHITECTURAL:	MECHANICAL:						
STRUCTURAL:	FIRE PROTECTION	FIRE PROTECTION:					
ELECTRICAL:	SITE WORK:						
	City of Lik CODES FEE SCHEDUL ILE IS LOCATED UNDE	LE - EFFECTI	•		E		
A 3% CONVENIEN	NCE FEE WILL BE ADDED TO	O ALL CREDIT/	DEBIT CARD PA	YMEN	ITS.		
THERE W	/ILL BE A \$30.00 SERVICE FI	EE ON ALL RET	URNED CHECK	S.			
COMMERCIAL PLAN REVIEW FEE = 1	1/2 OF THE PERMIT FEE C	COST					
SIGNATURE:							
By signing this application, I hereby certify that I am the that all information in this application is correct and the laws. I understand that if any information provided is for violation of other related laws and local ordinal specifications for the project as permitted. I certify the information given on this application is true.	hat all work will comply with the found to be incorrect or false ances. The Department Of E	the South Carol ely stated that t	ina State Building this permit will b	g Code oe null a	and all oth and void a	her applicable state and local and that I may be responsible	
APPLICANT'S NAME (printed):	COMPANY NAME:			TITLE:			
APPLICANT'S EMAIL ADDRESSS:				APPLI	CANT'S PH	IONE #:	
APPLICANT'S SIGNATURE:				<u> </u>			