



7300 Woodrow Street  
 PO Box 406  
 Irmo, SC 29063  
 864-781-7050

# 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](mailto: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](mailto:planreview@cciservicesllc.com) or 864-586-6111 Ext. 2*

**OFFICE USE ONLY:**

APPLICATION SUBMITTAL DATE: \_\_\_\_\_

FACILITATOR'S INITIAL

PLAN REVIEW #: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

**DESCRIPTION OF WORK:**


**TYPE OF WORK (check all that apply):**

TYPE OF CONSTRUCTION:

New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ 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 \_\_\_\_\_                      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:

<b>CONTRACTOR CONTACT INFORMATION:</b>		STATE LICENSE (LLR) #:	
BUSINESS NAME:	D/B/A:		
BUSINESS MAILING ADDRESS:	CITY:	STATE:	ZIP:
BUSINESS CONTACT'S NAME:	BUSINESS PHONE #:		
BUSINESS CONTACT'S EMAIL ADDRESS:	BUSINESS CONTACT'S PHONE #:		
PROPERTY OWNER'S NAME:	PROPERTY OWNER'S PHONE #:		

<b>DESIGNER OF RECORD:</b>	NAME OF DESIGNER:
DESIGNER'S EMAIL ADDRESS:	DESIGNER'S PHONE #:
WHO SHOULD THE PLAN REVIEWER CONTACT WITH QUESTIONS:	
CONTACT'S EMAIL ADDRESS:	CONTACT'S PHONE #:
WHO SHOULD RECEIVE PLAN REVIEW COMMENTS:	
CONTACT'S EMAIL ADDRESS:	CONTACT'S PHONE #:

<b>PROJECT DESIGNERS OF RECORD:</b>	
OWNER:	PLUMBING:
ARCHITECTURAL:	MECHANICAL:
STRUCTURAL:	FIRE PROTECTION:
ELECTRICAL:	SITE WORK:

**Town of Williams**  
**BUILDING CODES FEE SCHEDULE - EFFECTIVE September 14, 2020**  
**FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE**

**A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS.**

**THERE WILL BE A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.**

**COMMERCIAL PLAN REVIEW FEE..... = 1/2 OF THE PERMIT FEE COST**

**SIGNATURE:**

By signing this application, I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related laws and local ordinances. The Department Of Building Safety shall be notified of any changes in the approved plans or specifications for the project as permitted.

I certify the information given on this application is true and correct.

APPLICANT'S NAME (printed):	COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:	APPLICANT'S PHONE #:	
APPLICANT'S SIGNATURE:		

**PLEASE CLICK SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS**