



Plan Review Application

Date _____ Project Cost \$ _____ Plan Review No. _____

New Construction _____ Addition _____ Alteration _____ Repair _____ Interior Demolition _____

Building Address _____ Suite/Floor Number _____

Project Name _____

Owner/Agent _____ Name of Business _____

Address _____

Phone _____ Fax _____ Cell _____

Project Designers of Record:

Owner _____

Plumbing _____

Architectural _____

Mechanical _____

Structural _____

Fire Protection _____

Electrical _____

Site Work _____

Contact Information of Designer of Record:

Phone _____ Fax _____ E-mail _____

Type of Construction (circle one) I-A I-B II-A II-B III-A III-B IV V-A V-B

Mixed Construction (circle one) NO YES Types: _____

Building Height: _____ Feet Number of Stories _____ [] Unlimited per _____

Mezzanine: (circle one) NO YES High Rise : (circle one) NO YES

Gross Building Area: Existing _____ (Sq. Ft.) New _____ (Sq. Ft.) Subtotal _____ (Sq. Ft.)

Is this submittal using Chapter 34? (circle one) YES NO

Is a site plan submittal required for project? (circle one) YES NO

Has site plan been approved? (circle one) YES NO

What type of business will building be used for? (Please be VERY specific, i.e., retail, nail salon, daycare. Etc.)

What is the total number of parking spaces provided? _____

What is the total number of handicapped spaces provided? _____

Does the building have a sprinkler system? (circle one) YES NO Type of System: NFPA 13 13R 13D

Does the building have a standpipe? (circle one) YES NO Class of System: I II III WET DRY

Does the building have a fire pump? (circle one) YES NO If Yes, New or Existing? _____

Does the building have an elevator? (circle one) YES NO

Does the building have a smoke detection system? (circle one) YES NO

Does the building have a fire alarm system? (circle one) YES NO

Square Ft. of overall building : _____ Square Ft to be reviewed: _____

Is this an increase of usable square footage? YES NO Amount of Increase: _____

Number of buildings to be reviewed: _____

Number of stories of overall building: _____ Does building have a basement: _____

Building Occupancy: (circle all that apply)

Primary Occupancy:

Assembly: A-1 A-2 A-3 A-4 A-5

Business Educational Mercantile Factory/Industrial F-1 F-2

High Hazard : H-1 H-2 H-3 H-4 H-4 H-5

Institutional : I-1 I-2 I-3 I-4 I-3 Use Condition: 1 2 3 4 5

Residential: R-1 R-2 R-3 R-4

Storage: S-1 S-2 High Piled Identify what is being stored: _____

Utility and Miscellaneous Parking Garage: Open Enclosed Repair

Secondary Occupancy:

Special Occupancy: 508.2 508.3 508.4 508.5 508.6 508.7 508.8

What is the total occupant load of building: _____

Mixed Occupancy: NO YES Separation: _____ Hr. Exception: _____

Non-Separated Occupancy (302.3.1) – The required type of construction for the building shall be determined by applying the height and area limitations for each of the applicable occupancies to the entire building. The most restrictive type of construction, so determined shall apply to the entire building.

Separated Mixed Occupancy (302.3.2) – See below for calculations.

For each story, the area of the occupancy shall be the sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1.

$$\frac{\text{Actual Area of Occupancy A}}{\text{Allowable Area of Occupancy A}} + \frac{\text{Actual Area of Occupancy B}}{\text{Allowable Area Occupancy B}} \leq 1$$

$$\text{_____} + \text{_____} + \dots = \text{_____} < 1.00$$

Plumbing Fixtures Requirements

Occupancy	Water Closets		Urinals	Lavatories		Showers/Tubs	Drinking Fountains	
	Male	Female		Male	Female		Regular	Accessible

ZONING

(To be completed by Zoning Officer)

Zoned : _____ Tax Parcel Number : _____

Required Parking : _____ Required Handicapped Parking: _____

Is landscaping required based on Section 505.3 of City of Spartanburg Zoning Ordinance? YES NO

Approved : _____ Disapproved : _____ By: _____

I hereby certify that all information contained herein is true and correct; that I agree to comply with all City Ordinances and State laws regulating building construction; that I am the owner or authorized owner to do work.

Signature _____ Date _____