



Building Inspections Division
 PO Box 1749
 Spartanburg, SC 29304-1749
 Phone: 864-596-2041 Fax: 864-596-2833

Office Use Only
Plan Rev# _____
Fee \$ _____

Commercial Plan Review Application

All fields to be completed! • Four sets of plans required • Please allow 3-4 weeks for plan review

Date:	Project Name:	Project Costs:
Address of Jobsite:		Tax Appraised Value of Building:

Contractor (If not known, enter: To Be Determined):		Phone#:
Address:		Fax#:
City:	State:	Zip:
Property Owner:		Phone#:

Designer of Record:		Phone#:
Who Should plan reviewer contact with questions?		Fax#:
Who Should receive plan review comments?		E-mail:
How would you like to receive plan comments?	By Fax? #	By E-mail?

Total sq. ft.:	Type of Construction:	Type of Occupancy:
Does building have a sprinkler system? ___ Yes ___ No	Fire alarm system?(not burglar alarm) ___ Yes ___ No	Fire suppression system/hood? ___ Yes ___ No

Description of work: