



Alexander County Planning & Inspection

6125 NC Hwy 16 South, Taylorsville, NC 28681

Telephone: 828-632-1000 Fax: 828-632-1095

COMMERCIAL PLAN REVIEW APPLICATION

All plan submittals must contain a NC Building Code Summary (Appendix B). All plans submitted shall be stapled into sets.

Name of Project _____

Address of Project _____

Applicant: _____

Address of Applicant: _____

Phone #: _____ Email: _____

Architect/Design Coordinator: _____

Address: _____

Phone #: _____ Email: _____

Contact Person for Project: _____

Address: _____

Phone#: _____ Email: _____

Does the Project have a Fire Alarm System YES NO

Does the Project have a Sprinkler / Standpipe System? YES NO

Sprinkler and Fire Alarm System design drawings must be approved by the Alexander County office of the Fire Marshal. It is responsibility of the applicant/owner to all permits required by the Alexander County Fire Marshal

Will this project require Environmental Review? YES NO

If yes plans must be submitted to the Department of Environmental Health for review.

**If NO, approval and a permit is required from Environment Health prior to project approval.*

Is Public Water Service available or adjacent to this project? YES NO

**If NO, a Well Permit must be applied for prior to project approval.*

Is this a New Building or Addition that is owned by a Government/Municipal agency and is greater than 20,000 square feet? YES NO

** If YES, NCDOI approval is required and a copy of the approval documents shall be required prior to project approval.*

Is this project being submitted for **Phased Construction**? () YES () NO

• If YES, check which phase:

○ Footing/Foundation () Shell/Hull in () Upfit ()

Describe work to be done under this permit

DESCRIPTION OF WORK

- NEW BUILDING ADDITION MIXED ADDITION ALTERATION
- INTERIOR DEMO/REMOVAL RE-ROOF PIER REPAIRS
- SWIMMING POOL FOOTING/FOUNDATION SHELL-IN UPFIT
- RETAINING WALL

Trade permits needed for this project:

BLDG. ELECTRICAL MECHANICAL PLUMBING

Building Data

Construction Type I-A I-B II-A II-B III-A III-B IV V-A V-B

Occupancy(s) Type & Square Footage (list all that apply with associated square footage)

- Occupancy: _____ Square Footage _____

If this project includes ALTERATIONS to an existing building, what is the cost of the project \$ _____

I hereby certify that all information in this application is correct and will comply with the State Building Codes and all other applicable State and Local laws, ordinances and regulations. I understand that a Certificate of Occupancy is required prior to occupying the premises and the Building Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

All plans not resubmitted or permitted within twelve months after the last review will be considered expired and will require a new submittal with review along with new fees assessed.

Applicant / Contact Person Signature

Date