



7300 Woodrow Street
P.O. Box 406
Irmo, SC 29063
803-781-7050

COMMERCIAL PLAN REVIEW APPLICATION



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

ALL PLANS MUST INCLUDE A CODE ANALYSIS

FOR PLAN REVIEW:

All plan reviews are conducted electronically. To submit plans for review please complete this application and email to planreview@cciservicesllc.com. Large files may require a link for upload/download contact our office for instructions for submitting these.. Once application is reviewed an invoice for services will be submitted for payment. Additional information will follow through email once payment has been processed.

OFFICE USE ONLY:

APPLICATION SUBMITTAL DATE: _____ PLAN REVIEW #: _____

FACILITATOR'S INITIAL

PLAN REVIEW FEE: \$ _____ CONVENIENCE FEE: \$ _____ TOTAL: \$ _____

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?

YES _____ NO _____

A Fire Alarm System? (not a burglar alarm)

YES _____ NO _____

A Fire Suppression System/Hood?

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 # WITH AREA:
CODE:

PROPERTY OWNER'S MAILING ADDRESS:

CITY:

STATE:

ZIP:

PROPERTY OWNER'S EMAIL ADDRESS:

CONTRACTOR CONTACT INFORMATION:		STATE LICENSE (LLR) #:	
BUSINESS NAME:		D/B/A:	
BUSINESS MAILING ADDRESS:		CITY:	STATE: ZIP:
BUSINESS CONTACT'S NAME:		BUSINESS PHONE # WITH AREA CODE:	
BUSINESS CONTACT'S EMAIL ADDRESS:		BUSINESS CONTACT'S PHONE # WITH AREA CODE:	
PROPERTY OWNER'S NAME:		PROPERTY OWNER'S PHONE # WITH AREA CODE:	
DESIGNER OF RECORD:	NAME OF DESIGNER:		
DESIGNER'S EMAIL ADDRESS:		DESIGNER'S PHONE # WITH AREA CODE:	
WHO SHOULD THE PLAN REVIEWER CONTACT WITH QUESTIONS:			
CONTACT'S EMAIL ADDRESS:		CONTACT'S PHONE #: WITH AREA CODE:	
WHO SHOULD RECEIVE PLAN REVIEW COMMENTS:			
CONTACT'S EMAIL ADDRESS:		CONTACT'S PHONE # WITH AREA CODE:	
PROJECT DESIGNERS OF RECORD:			
OWNER:		PLUMBING:	
ARCHITECTURAL:		MECHANICAL:	
STRUCTURAL:		FIRE PROTECTION:	
ELECTRICAL:		SITE WORK:	
Town of Irmo BUILDING CODES FEE SCHEDULE - EFFECTIVE August 1, 2020 For information on how to apply and calculate residential/commercial fees please click on the link: http://www.cciservicesllc.com/departments-of-building-safety and/ or Table 1 BVD Chart			
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. All work shall comply with Ordinances and International Codes. 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 # WITH AREA CODE:	
APPLICANT'S SIGNATURE:			

REQUESTS RECEIVED AFTER 4:00pm WILL BE PROCESSED THE NEXT BUSINESS DAY