

CITY OF SUMMERVILLE
BUILDING INSPECTION DEPARTMENT

APPLICATION FOR: NON-RESIDENTIAL PLAN REVIEW

DATE: _____

PROJECT NAME:

PROJECT ADDRESS:

OWNER: _____ ARCHITECT: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

GENERAL CONTRACTOR: _____

CONTACT REPRESENTATIVE: _____

ADDRESS: _____

PHONE: _____

OCCUPANCY CLASSIFICATION: _____

CONSTRUCTION TYPE: _____

BUILDING DIMENSIONS (OVERALL): _____ x _____

BUILDING SIZE: _____

INFORMATION BELOW THIS BOX TO BE FILLED IN BY BUILDING DEPARTMENT

ZONING VERIFICATION APPLICATION: _____

DEVELOPMENT PERMIT REQUIRED: _____

PLAN APPROVALS: _____

DEVELOPMENT PLANS: _____

EROSION AND SEDIMENT CONTROL PLANS: _____

GRADING PLANS: _____

STORMWATER MANAGEMENT PLANS: _____

STREET IMPROVEMENT PLANS: _____

BUFFER/LANDSCAPING/TREE CONSERVATION PLANS: _____

PUBLIC UTILITY PLANS: _____

BUILDING PLANS: _____

BUILDING DEPARTMENT REVIEW: _____

FIRE MARSHALL REVIEW: _____

COMMENTS: _____
