



DAVIDSON COUNTY CENTRAL PERMITTING APPLICATION FOR COMMERCIAL PLAN REVIEW

912 Greensboro Street, Lexington, NC 27292 - Phone # (336) 242-2230

Project Information

Name of Project: _____

Address of Project: _____

City _____ State _____ Zip _____

Contact Information

Contact Person Name: _____ Phone #: _____

Email Address: _____

Building Information

Occupancy Type: _____ Type of Construction: _____

Sprinkler Protected: No Yes Fire Alarm System: No Yes
 Flood Plain: No Yes *(IF YES BUILDING REQUIRED TO BE DESIGNED FOR FLOOD PLAIN CONSTRUCTION AND SURVEY REQUIRED)*

Total Square Footage: _____ Additional Square Footage: _____

Plan Submitted Check List

	YES	NO	N/A		YES	NO	N/A
Appendix B	<input type="checkbox"/>	<input type="checkbox"/>		Site Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Floor Plan & Elevations	<input type="checkbox"/>	<input type="checkbox"/>		Electrical Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground Civil Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Plans & Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Fire Permit Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Value Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Information Completed by Office Staff

Plan Submitted Verification

	YES	NO	N/A		YES	NO	N/A
Appendix B	<input type="checkbox"/>	<input type="checkbox"/>		Site Plan	<input type="checkbox"/>	<input type="checkbox"/>	
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Zoning Compliance: No Yes # _____

Health BA / ATC: No Yes # _____

NCDOI Plan Review Required No Yes - Approval Letter in Submission

Office Staff Approval: _____ Date: _____

Master Permit Number: _____ Permit Number: _____