

**Planning and Development Dept. - Permit Application Center**

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**PLAN REVIEW SUBMITTAL FORM**

This form should accompany any set of plans, report, study, etc. submitted for review.

Project Name: \_\_\_\_\_

Project Location/Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Brief Summary of Project : \_\_\_\_\_

Is this a revision to a previous plan review?  Yes  No If yes, please attach response letter to plan review comments. For detailed instructions, please see [Plan Re-submittal Instructions](#).

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Design Professional: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City of Rock Hill BL#: \_\_\_\_\_

Are you the primary contact person for this project? Yes No If no, please list contact below:

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\*Email address or fax number is required for primary contact.

Other Contacts Who Would Like to be Notified with Plan Review Comments:

Contact: \_\_\_\_\_

Address: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_