



## PLAN REVIEW SUBMITTAL FORM

This form describes your project, how you will use the property/space and tells us who to contact with plan review comments. It should accompany any set of plans, plats or documents submitted for review.

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

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

Project Description/Summary of Work: \_\_\_\_\_

Value of Work: \$ \_\_\_\_\_

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 Resubmittal Instructions](#).

### Use of Property/Space

**Describe how property/space will be used. Attach additional sheets if necessary.**

List the tenants/entities that will occupy this space: \_\_\_\_\_

Describe in detail how each occupant will use this property/space: \_\_\_\_\_

Hours of Operation for each occupant: \_\_\_\_\_

Will any occupants of the space: serve alcohol?  Yes  No sell alcohol?  Yes  No

### Contacts

**Check the box beside the contact who will serve as the primary contact. \*An email address is required for the primary contact.**

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

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

Address: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Other Contact Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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