



REVIEW NUMBER: _____

COMMERCIAL BUILDING PLAN REVIEW SUBMITTAL DESIGN PROFESSIONAL APPLICATION

This application is for review of plans submitted ONLY by an Architect or Engineer licensed in the state of North Carolina, prior to the selection or award of a General Contractor(s) and/or subcontractor(s). Fees charged for this complementary service are non-refundable and do not apply to the permit fees at the time of permit issuance. Fees for this application will be calculated based on the total under roof square footage of project. Additional fees are applicable for each re-review cycle.

Project Name: _____ Project Total Square Feet: _____

Project Address: _____ Date: _____

Architects Name or Firm: _____

The following checklist to be completed by a Design Professional

- Completed Design Professional Plan Review Application
- Copy of Site Plan, to scale which identifies project boundaries, lot dimensions, acreage, structures (size and location), setbacks, parking circulation and emergency vehicle travel access.

All applications, plans, and supporting documents should be emailed to:
Planning-EngineeringSubmittals@TownofClaytonNc.org.

Please note that an incomplete plan will result in a delay in the processing of the review. All plan sets submitted must include the following but not limited to: Plans must be Labeled for construction with all Engineered seals applied to plan set. Current reference to 2018 Building Code Summary Sheet & Life Safety Information, Building Floor and Roof Plans, Exterior Elevations, Building Sections, Typical Wall Sections, Details, UL Listing details & Schedules Site Plan, Hard scape, details, Interior Design Finish Plans, Plumbing, Mechanical, Electrical NEC 2020 and Structural Systems Plans & Details.

Current Fees: www.ClaytonNC.org/Fees

* PROJECT INFORMATION REQUIRED FOR REVIEW

Commercial Projects Only: _____ Commercial Property Use: _____

*Applicant Name or Firm Name: _____ *License Number: _____

*Street Address: _____ City: _____ State: _____ Zip: _____

*Applicant Primary Contact for Review: _____

*Office Number: _____ Direct/Cell Number: _____

*Email Address: _____

Developer (or) Name of Business (if Commercial Upfit): _____

Developers Rep: _____ Direct/Cell Number: _____ Email

Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Owner: _____ Contact Name: _____

Direct/Cell Number: _____ Email Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

PROJECT INFORMATION (continued)

*Project Address: _____

Description of Proposed Work: _____ Estimated Project Cost: _____

Type of Permit: New _____ Existing: _____ Addition: _____ Fit-up/Renovation: _____

Type of Construction: _____ Type of Occupancy: _____

Water Source: Town: _____ County: _____ Well: _____ Other: _____

Sewer Discharge: Town: _____ County: _____ Well: _____ Other: _____

Power: Town: _____ or Utility Company: _____

Gas: Yes: _____ No: _____ Natural: _____ Propane: _____

SIGNATURES

I/We hereby certify that all information in this application is correct, and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the reviewed plans and specifications for the project permitted herein.

The undersigned indicates that the property owner(s) is aware of this application for review of plans and that the proposed project described in this application will be maintained in all respects in accordance with the plans and specifications submitted herewith, and in accordance with the provisions and regulations of the Town of Clayton Unified Development Ordinance.

The undersigned hereby acknowledges that, pursuant to state law (N.C.G.S. 143-755(b1)), if this permit application is placed on hold at the request of the applicant for a period of six consecutive months or more, or if the applicant fails to respond to comments or provide additional information requested by the town for a period of six consecutive months or more, then the application review is discontinued and a new application is required to proceed and the development regulations in effect at the time permit processing is resumed shall apply to the new application.

The undersigned hereby acknowledges that it is understood this is a preview of Building Construction plans that was provided to the Town of Clayton Building Inspections Department for review by the inspections department only. Requirements of other departments within the Town of Clayton must be completed and approved prior to a permit being issued for construction with the a completed Zoning Building application.

Applicant's Signature

Date

Staff Approvals:

TOCI Plan Reviewer

Date

Date Received: _____

NWS Entry Date: _____