

PLAN REVIEW APPLICATION
DARLINGTON COUNTY BUILDING / CODES ENFORCEMENT
PHONE 843-398-4011 FAX 843-398-4072

OWNER: _____

CONTRACTOR: _____

PROJECT ADDRESS: _____

PHONE NUMBER: _____

OCCUPANCY GROUP:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> ASSEMBLY | <input type="checkbox"/> INSTITUTIONAL |
| <input type="checkbox"/> BUSINESS | <input type="checkbox"/> MERCANTILE |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> RESIDENTIAL |
| <input type="checkbox"/> FACTORY | <input type="checkbox"/> STORAGE |
| <input type="checkbox"/> HAZARD | <input type="checkbox"/> UTILITY |

DESCRIPTION OF WORK & INTENDED USE: _____

TOTAL VALUATION (material & labor): _____

ENCLOSED / HEATED SQ. FT.: _____ X _____ = _____

ENCLOSED / NON-CONDITIONED SQ. FT. _____ X _____ = _____

I UNDERSTAND THAT A PLAN REVIEW IN NO WAY RELIEVES THE CONTRACTOR FROM COMPLYING WITH ALL APPLICABLE CODES. THE CONTRACTOR IS RESPONSIBLE FOR ALL PLANS AND CONSTRUCTION. NO WORK MAY COMMENCE UNTIL PLANS ARE REVIEWED AND A BUILDING PERMIT IS ISSUED. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE