Berkeley County Dept of Permits & Inspections
Commercial Master Plans Form

2015 IBC CODE
90.1-2007 Energy Standard

Date: ___________

MASTER PLAN APPROVAL FORM

Applicant: __________________________________________
Address: _____________________________
Phone #: _____________________________

Contact: ______________________________________
Address: ______________________________________
Phone #: _____________________________

MODEL NAME / NUMBER: _____________________

STANDARD APARTMENT: ______________________
Number of Units: __________
Number of Stories _________ X ______
Overall Size: __________ X __________
Finished Sq. Ft. __________________
Std. Garage: 1 Car _________ X __________
    2 Car X _______________________
Std. Porch: Front X __________
    Other X _______________________
No. of Bedrooms: ______________
No. of Full Baths: ______ No. of Half Baths: ______
Exterior Finishes: __________________
Other: _________________________

ROOM EXTENTIONS:
Size / Location: ______________________

PORCH OPTIONS:
Size / Location: ______________________

BASEMENT OPTIONS:
Finished Room / Sq. Ft. ______________________
___________________________
Other: _________________________

FIRST FLOOR OPTIONS:
Morning Room: ______ X ______ Location: ______
Sunroom: ______ X ______ Location: ______
Bedrooms: ______ Half Bath: ______ Full Bath: ______
Fireplace (Type): ___________________
Other: _______________________

SECOND FLOOR OPTIONS:
Bedrooms: ______ Half Bath: ______ Full Bath: ______
Fireplace (Type): ___________________
Other: _______________________

GARAGE OPTIONS:
3 Car: ______ X ______
Other: ______

DECK OPTIONS: Size ______
/ Location: ______________________

NOTE: PLANS APPROVED AND RELEASED FOR MASTER PLAN PERMITS MUST BE STRICTLY FOLLOWED. ANY FUTURE REVISIONS MUST BE SUBMITTED FOR REVIEW AND APPROVAL. VARIATIONS IN CONSTRUCTION WITHOUT PROPER WRITTEN APPROVAL FROM THE PLAN REVIEW DEPARTMENT MAY RESULT IN VOIDING THE MASTER PLAN APPROVAL AND REVOKING ASSOCIATED CONSTRUCTION PERMITS.

I HEREBY REQUEST MASTER PLAN APPROVAL FOR THE ABOVE LISTED MODEL AND AGREE TO THE TERMS AS NOTED.

Signature: _____________________________
Plan Reviewer: __________________________

Printed Name: ___________________________
Approval Date: __________________________

Rev: 03/19/2014, 10/27/2016, 5/18/2017

IT: 10/27/2016, 5/26/2017