

**Berkeley County Dept of Permits & Inspections  
Commercial Master Plans Form**

2015 IBC CODE  
90.1-2007 Energy Standard

**MASTER PLAN APPROVAL FORM**

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_

Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_

**MODEL NAME / NUMBER:** \_\_\_\_\_

**STANDARD APARTMENT:** \_\_\_\_\_

Number of Units: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

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: \_\_\_\_\_

**ADDITIONAL OPTIONS:**

\_\_\_\_\_

\_\_\_\_\_

**ELEVATIONS:** \_\_\_\_\_

**FOUNDATION:** Basement \_\_\_\_\_

Crawl Space \_\_\_\_\_

Slab \_\_\_\_\_

**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: \_\_\_\_\_