

**Planning & Development Department**

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[www.cityofrockhill.com](http://www.cityofrockhill.com)



**COMMERCIAL BUILDING PLANS SUBMITTAL FORM**

Upload this form along with all non-residential plans and related documents that you submit through our Online Services portal at [www.cityofrockhill.com/onlineservices](http://www.cityofrockhill.com/onlineservices). Upload a new form when any of the information changes.

Project name: \_\_\_\_\_

Address(es): \_\_\_\_\_

(Use tax map number if no address assigned)

**PROJECT DESCRIPTION**

Summary of work to be completed under building permit:

Square feet: \_\_\_\_\_ Value of Work: \$ \_\_\_\_\_

**USE OF PROPERTY/SPACE**

Complete for each occupant of the property/space. Use additional sheets if needed.

Name of business/entity	Land use type	How will the business use the space?	Hours of operation	Square feet	Will alcohol be served or sold for consumption off-site?
<i>Example: Rock Hill Burgers</i>	Restaurant with alcohol sales	Serve prepared food in dining room and for take-out	11 a.m. to 10 p.m. daily	2,600	Yes—will serve to dining room guests

## REQUIRED CONTACT INFORMATION

### APPLICANT

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Role:

Design professional  Contractor  Property owner

Other (describe): \_\_\_\_\_

If applicable: South Carolina Lic. #: \_\_\_\_\_ City Business Lic. #: \_\_\_\_\_

### PROPERTY OWNER

**This information is required in all cases where someone other than the property owner submits building plans.**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

## OPTIONAL CONTACT INFORMATION

### ADDITIONAL PROJECT CONTACT

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ City Business Lic. #: \_\_\_\_\_

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

Role: \_\_\_\_\_

If applicable: South Carolina Lic. #: \_\_\_\_\_ City Business Lic. #: \_\_\_\_\_

### ADDITIONAL PROJECT CONTACT

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ City Business Lic. #: \_\_\_\_\_

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

Role: \_\_\_\_\_

If applicable: South Carolina Lic. #: \_\_\_\_\_ City Business Lic. #: \_\_\_\_\_