



Rowan County Building Inspections Department

COMMERCIAL PLAN REVIEW APPLICATION

Name of Project: Mid-Carolina Regional Airport: Storage Building

Jobsite Address: 3670 Airport Loop / Salisbury, North Carolina 28147 Parcel ID No.: 470 001000001

Contact Person/Company: Valerie Steele, Director Phone: 704.216.7753

Email: valerie.steele@rowancountync.gov Fax: _____

Owner: Rowan County / Valerie Steele Phone: _____

Email: _____

Detailed description of proposed use: New detached single story pre engineered metal storage building

Project Cost: \$ 200,000 (est)

Occupancy Group: U/Misc Size (square feet): 2400 Stories: 01 Building Height: 17

Type of Work: ☒ New ☐ Addition ☐ Renovation ☐ Upfit ☐ Shell ☐ Demolition ☐ Other _____

Type of Construction: ☐ IA ☐ IB ☐ IIA ☒ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB

Hazardous Material Survey ☐ Required for renovation if asbestos is known present or unknown

Note: Any project that may disturb existing hazardous materials such as asbestos or lead paint must follow NC DHHS regulations. Contact a NC-accredited asbestos and/or lead paint professional or the NC DHHS Health Hazards Control Unit (919.707.5950) for more information.

Statement of Special Inspections: ☐ Included with documents ☒ Not required per NCBC 1704.1.2

NCDOI review also required if: ☐ High Rise (403) ☐ Covered Mall (402) ☐ City/County Owned & greater than 20,000 sf

☐ Assembly >1,000 occupants, except bleachers ☐ Education >2 stories or >20,000 sf per story ☐ Hazardous > 100 occupants

☐ Institutional >3 stories or 10,000 sf per story ☐ Residential >4 stories or >100 units per building

☐ 24/7 expedited plan review

By checking this box you agree to the terms and additional fee of \$2,500 associated with the expedited plan review procedures.

Jon E. Palmer, AIA NCARB for Applicant

24 JUN 2024

print name

signature

date

Fields below for Rowan County use only

Plans received by: _____ Permit# REV Date received: _____

Plans reviewed by: _____

Revisions (requested/submitted): _____

Review approval date: _____ Date Applicant Notified: _____

Fire Marshal approval date: _____ Inspection Level: _____

Approved Plans Received by: _____

print name

signature

date