



Town of Apex  
Inspection Division

# 2010 EXPRESS PLAN CHECK

REQUEST APPLICATION & SCHEDULING CONFIRMATION

OFFICE USE: An Express Plan Check Session has been scheduled:

		pm
Date	Day	Time

Project Name \_\_\_\_\_ Application Date (today) \_\_\_\_\_  
 Project Address \_\_\_\_\_ Suite Number \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 Company Name \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Mobile Number (\_\_\_\_\_) \_\_\_\_\_

**Project Designers of Record, Owner and Project Contact Person to be in attendance at the plan check session:**

The individual who seals the plan must be in attendance!

Architectural _____	This individual will attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Structural _____	This individual will attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical _____	This individual will attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing _____	This individual will attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical _____	This individual will attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Suppression _____	This individual will attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Alarm _____	This individual will attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Owner _____	This individual will attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Design Coordinator _____	This individual will attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Building Occupancy Classification: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Incidental \_\_\_\_\_ Accessory \_\_\_\_\_

Note: Storage occupancy requires : MSDS sheets, quantities, storage height and type (i.e. rack, bin, pile) with plan review package.

Nature of Business:  Business Office  Medical Office  Restaurant  \_\_\_\_\_

Additional Description of Business Activities: \_\_\_\_\_

A completed Commercial Projects Plan Checklist or a One & Two-family Plan Checklist has been provided with the application

No. of stories \_\_\_\_\_ Construction Type \_\_\_\_\_ Sq Footage of Entire Bldg \_\_\_\_\_ Sq Footage to be Reviewed \_\_\_\_\_

Is the building equipped with an automatic sprinkler system?  Yes  No Type of system: \_\_\_\_\_

Does the building have a standpipe?  Yes  No Does the building have a fire alarm?  Yes  No

Does the building have a fire pump?  Yes  No If yes, is the pump new or existing?  New  Existing

Have plumbing fixture calculations been provided?  Yes  No

Does the building have a grease trap or separator?  Yes  No If yes contact David Hardin, Pretreatment and Oper-

Does the building require approval from Wake Co.?  Yes  No ations Supervisor to confirm size and type(249-3366)

Description of proposed work \_\_\_\_\_

Special conditions \_\_\_\_\_

Code exceptions included in the design \_\_\_\_\_

<b>STAFF USE:</b>	<input type="checkbox"/> This application has been approved with the conditions listed below	<input type="checkbox"/> This application has been denied (see below)
Start Time: _____ PM	End Time: _____ PM	Total Time: _____ hours
Amt paid with application: \$ _____	Amt due: \$ _____	Approved: _____