

Plan Review Application

The following application must be completed and submitted with all plans.

Some forms are not applicable to Upfit plans

Incomplete submittal packages will not be accepted for review.

Please remit complete packages to:

City of Concord
Planning Department
35 Cabarrus Avenue W (28025)
P.O. Box 308 (28026)
Concord, NC

ADDITIONALLY, building plans must be submitted to Cabarrus County for review and approval.
Submit plans to: Cabarrus County Building Inspections, Govt. Ctr. 2nd Floor -Attn: Todd Culp, 65 Church St. N., Concord, NC 28025. 704/920-2235

New Construction Review:	7 sets of civil plans, .dwg file and .pdf file (on CD) 2 or 3 sets (<i>see section 2 on page 2</i>) of building plans and .pdf file (on CD) 1 storm water management report and .pdf file (on CD) 1 set color elevations of each building elevation
Level 1 Site Plan Review:	<i>Submittal when new building is being added to an already approved Master Site Plan.</i> 1 set of the approved site plan 4 sets of building plans and .pdf file (on CD) 1 set preliminary color renderings of each building elevation
Project Review Fee:	Due prior to approval of plans

This application must accompany all plans submitted for review.

Name of Project: _____

Location/Address of Project: _____

Parcel Identification Number (PIN#) _____ Zoning District _____

1. Please complete the following information regarding the Construction or Site Plan being submitted:

☐ **Construction of a New Residential Subdivision**

Number of lots shown on plans _____

☐ **Development of a New Site**

Number of new buildings shown on the site plan _____ *Number of buildings being built at this time* _____

☐ **Addition of New Building to an Existing Site**

Please describe use of new building: _____

☐ **Addition to an Existing Building**

Please describe use of addition: _____

☐ **Other (Please Describe)** _____

Total acreage of site _____ Total acreage being disturbed _____

If you are disturbing more than an acre in total, you must obtain erosion control approval from Cabarrus County

2. Please complete the following information regarding the Building Plans being submitted:

Building plans being submitted are for shell only. ☐ YES ☐ NO

Are you creating multiple suites with building plans being submitted? ☐ YES ☐ NO If so, how many? _____

Does this facility conduct food preparation or have food service such as a restaurant or kitchen AND/OR Does this facility generate any oil such as a service station, carwash, or auto repair facility that is connected to the sanitary sewer system? _____ (If yes please include 1 extra set of building plans that include plumbing plans as well as a detailed drawing of the proposed collection unit)

Please list individually the square footage of each building or building addition being submitted:

3. Once the work reflected in these plans is complete, who will occupy the Property?

_____ (Occupant Name)

Occupant's Contact Person: _____ Phone number of Contact: _____

Description of business of Occupant: _____

Are you proposing outside storage with this project? _____

Verification of Process

I, _____, understand that submittal packages lacking a complete application for plan review and all applicable materials are considered incomplete and will not be accepted for processing and distribution. Said contact person is listed below as Designated Contact Person for Project.

Signed this _____ day of _____, _____.
Day Month Year

By: _____, Acting as Agent for _____
Name of Submitter Project Name

Note: A "contact person" shall be designated for the project. This person shall be the individual that official correspondence to and from the City of Concord Plan Review Coordinator shall be transmitted. It shall be the responsibility of the contact person to notify all individuals involved in the design and construction of the project that may be affected by the comments of the Plan Review.

Project Contact Person: _____ Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Additional contacts that are useful for to the department:

These individuals will not receive direct correspondence from the Coordinator. This information is requested to assist the departments in the review of submitted plans and to provide a project contact for an item that may require particular expertise.

Project Owner: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email address: _____

Project Contractor: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email address: _____

Project Architect: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email address: _____

Project Engineer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email address: _____

If required, Applicant will submit a Federal Aviation Administration (FAA) Form 7460-1, notice of Proposed Construction or Alteration. This form shall be submitted directly to FAA and a completed form attached to the site plan application. Project review process shall not be finalized until a response has been received from FAA.

An FAA Form 7460-1 for this project (check one) will not be required.

Concord Regional Airport Aviation Director or Designee

Date

CONCORD FIRE & LIFE SAFETY
CONFIRMATION OF ACKNOWLEDGEMENT AND ACCEPTANCE

We the undersigned have been advised of the requirements of NFPA 241 and the International Fire Code Chapter 14 as relating to site access and water supply. All interested and responsible parties hereby agree to provide access roadways prior to vertical construction. All interested and responsible parties hereby agree to provide the required fire hydrants prior to combustible materials arriving on site. The contractor and other responsible parties agree to abide by any stop work order issued by this department if, the required access is not approved and maintained prior to and during construction and/or the required fire hydrants are not operable and approved prior to combustible construction on the site/project listed below.

Name of Project _____

Location of Project _____

Current Date _____

Contractor _____

Contractor's Address/Phone _____

Contractor's Signature _____

Owner _____

Owner's Address/Phone _____

Owner's Signature _____

Project Manager _____

Project Manager's Address/Phone _____

Project Manager's Signature _____

Notary Public _____ (Seal)

Notary Public (County) _____

Notary Public Commission Date Expiration _____

Notary Public Signature _____ Date _____

City of Concord Legal Dept. Stormwater BMP Intake Form:

1. Legal Name of Grantor: _____
2. State of Incorporation or Formation: _____
3. Principal Address: _____
4. Address or Description of Property subject to BMP: _____

5. Register of Deeds (ROD) Map Book & Page # (if any): _____
6. Cabarrus County Parcel Identification Number (PIN): _____
7. ROD Deed Book & Page # of ALL Parcels subject to the easement: _____

8. Description of the “engineered storm water control device or best management practice (BMP)” _____

9. Plans for the BMP (If plans submitted to City, their name and date submitted.) _____

10. Attach a metes-and-bounds description OR survey to parcel or easement to the BMP and access way to the BMP for attachment/insertion in the BMP. If survey is recorded, provide the ROD Map Book and Page Number.
11. Legal Name of Person of Grantor _____
12. If Grantor is not an individual, name and title of person attesting grantor’s signature _____

This form may change without notice. This form offers no guarantee that a specific stormwater plan or easement may be accepted by the City.

Name of person who completed form: _____
Contact info: _____
Date: _____

QUESTIONS? Please contact Concord Legal Dept., Marie Maurer at 704 920 5117 or maurerm@ci.concord.nc.us

ELECTRIC SYSTEMS LOAD DATA SHEET

RETURN TO: Kyle Jones P.O. BOX 308 CONCORD N.C. 28026 OR FAX: 704-920-5305 Email: jonesk@concordnc.gov

Contact Information: * Required fields

Case Number: _____ * Date: _____
 * Information provided by: _____ * Phone: _____
 Name of Owner: _____ * Phone: _____
 * Business Name: _____ * Phone: _____
 * Service Address: _____
 * Contractor Name: _____ * Phone: _____
 * Proposed Start Date: _____

*** Type of Service Requested:** (CHECK ALL THAT APPLY TO THE PROJECT.)

☐ Temporary ☐ Underground ☐ Overhead ☐ New Construction ☐ Relocation ☐ No Service

Voltage Requirements: (Volts) _____ Phase _____ Wires _____ Size
 of service in AMPS: _____ Wire Size _____ Number _____ Gross
 square footage: _____

Lighting Loads: (interior) _____ KW (exterior) _____ KW

Receptacle Load: _____ KW

Water Heater: _____ KW Tank Size _____ Gallons

Refrigeration: _____ KW Cooking _____ KW

Heat Pump: _____ Ton _____ KW A/C: _____ Ton _____ KW

Strip Heat: _____ KW Gas Heat (Yes or No) Air Handler _____ KW

*** Equipment and Motors:**

Welders: _____ Volts _____ AMPS

Largest motor across line: _____ HP

Largest motor w/compensation _____ HP

Type of starting compensation _____

All motors over 5 HP must have starting compensation.

How many motors start across line at the same time: _____

Motors:

<u>Quantity</u>	<u>HP</u>	<u>Volts</u>	<u>AMPS</u>	<u>Usage</u>

*Information provided by: _____ *Date: _____

**THE CITY OF CONCORD
UNDERGROUND ELECTRIC SERVICE INSTALLATION AGREEMENT**

I, _____, have requested that the City of Concord provide an underground electric service line to my home/business located at _____, in making this request and in consideration for the City's providing this service, I understand and agree to the following: As the property owner, I take responsibility for informing the City of Concord of the correct location of all underground objects that might be damaged by or cause damage to the City of Concord's equipment or its contractor's equipment, in the process of installation. These include but are not limited to – septic tanks, drain lines, water lines, irrigation lines, oil lines and electrical lines not owned by the City of Concord. I understand that, once informed by me of the correct location of any obstructions, the City of Concord or its contractor will assume responsibility to avoid damage to said objects. I assume full responsibility for any damage to obstructions caused by failing to notify or incorrectly notify the City of Concord of their location. I understand that the City of Concord or its contractor will assume responsibility for performing said installation in a professional manner by avoiding damage to obvious above-ground objects such as curbs, gutters, shrubbery, sidewalks and buildings. I agree to the specific route of the new underground installation, as marked by the City of Concord representative. I understand that tire tracks may result from the use of machinery necessary for installation of underground cable. I understand that the City of Concord will not be responsible for reseeding or replacing gravel in the areas disrupted due to the installation of underground conductors. I have read this agreement and understand and agree to the provisions as stated. I have received a copy of this agreement.

OWNER _____ DATE _____

WITNESS _____ DATE _____

CITY OF CONCORD
ELECTRIC SYSTEMS DEPARTMENT
CONCORD, NORTH CAROLINA
CONTRACT FOR ELECTRIC SERVICE

I, _____, an authorized agent of _____, do hereby make application for electric service, both temporary and permanent, to be provided at _____ in the vicinity of _____ and agree to purchase our entire electric requirements from the CITY OF CONCORD. Electric service will be rendered through a single meter provided by THE CITY for each establishment, with the CITY owning the distribution facilities to the point of metering.

Sub-metering or extensions of service to multiple delivery points will be the financial responsibility of the customer or subject to an extra facilities charge.
