

**FORM F7 REVIEW DOCUMENT TRANSMITTAL FORM**

DATE: \_\_\_\_\_  
 COUNTY/DISTRICT: \_\_\_\_\_  
 (Check if applicable):  SC Public Charter  Erskine Charter  District Charter

PROJECT NAME: \_\_\_\_\_  
 (Name of Building, Scope Description and Address)

FROM: \_\_\_\_\_  
 (Name of Design Professional)  
 \_\_\_\_\_  
 (Company Name)  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Email)

TO: \_\_\_\_\_  
 (OSF Plan Reviewer, if assigned by Director, OSF)

CC: \_\_\_\_\_  
 (District Contact, with enclosures, include telephone and email)

Transmitted herein is one copy of the following documents for the above referenced project with items required by the South Carolina Facilities Planning and Construction Guide, ([Here](#)) (check applicable items):

	<input type="checkbox"/> Schematic Design Documents <input type="checkbox"/> Resubmittal	<input type="checkbox"/> Design Development Documents <input type="checkbox"/> Resubmittal	<input type="checkbox"/> Construction Documents <input type="checkbox"/> Resubmittal	<input type="checkbox"/> Bid Documents
Site Plans in accordance with 202.2	<input type="checkbox"/>	N/A	N/A	N/A
Floor Plans in accordance with 202.3	<input type="checkbox"/>	N/A	N/A	N/A
Site Plans in accordance with 203.2	N/A	<input type="checkbox"/>	N/A	N/A
Floor Plans in accordance with 203.3	N/A	<input type="checkbox"/>	N/A	N/A
Form F3 Building Code Analysis	<input type="checkbox"/>	<input type="checkbox"/> (on plans)	<input type="checkbox"/> (on plans)	<input type="checkbox"/> (on plans)
Form F6 School Transportation	<input type="checkbox"/>	<input type="checkbox"/> (revised)	<input type="checkbox"/> (revised)	<input type="checkbox"/> (revised)
Design and Construction Related Permits and Approvals Table	N/A	<input type="checkbox"/> (on plans)	<input type="checkbox"/> (on plans)	<input type="checkbox"/> (on plans)
Written responses to previous OSF Comments	N/A	<input type="checkbox"/> (if reviewed)	<input type="checkbox"/>	<input type="checkbox"/>
Complete Set of Drawings (signed & sealed)	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Complete Set of Specifications including front end (signed & sealed)	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
ASHRAE 90.1 Compliance Sheets (Envelope, HVAC and Lighting) or Energy Model	N/A	N/A	<input type="checkbox"/>	N/A
Lighting Calculations (Normal & Emergency)	N/A	N/A	<input type="checkbox"/>	N/A
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>