



This application must accompany all upfit plans submitted for review.
(Please type or use black ink)

I, _____, understand that submittal packages lacking a complete application for site plan review and all applicable materials are considered incomplete and will not be accepted for processing and distribution. I also understand that the designated contact person will be notified of deficiencies and given five working days to correct said deficiencies and provide the required information. If, at the end of five working days the package is not complete and ready for processing and distribution, I understand that all materials submitted will be discarded. 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

Project Name: _____

Physical Address of Property (911 Address) _____

Parcel Identification Number (PIN#) _____ Zoning District _____

Project Description (Please mark all that apply):

Shell Upfit Upfit to Existing Building Change of Use Change in Ownership

Square Footage of Upfit _____ Scope of Work _____

Is this project for: New Tenant Existing Tenant Proposed Tenant Use _____

Are you creating multiple suites with this project? _____ 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)

-Does this upfit include changes to the electrical load that is currently in service? _____ (If yes please submit 1 extra Set of building plans and the attached Electric Load Data Sheet)

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.

Contact Person: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

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: _____

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***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

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***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: _____