



Express Plan Review Application

**Please return this completed application
to DSPermitting@hollyspringsnc.gov**

Development Information				
Project Name:				
Project Address:				
Number Stories:		Overall Building Sq Ft:		Project Sq Ft:
Current Zoning:		Current Occupancy:		Proposed Use:
Contact Information				
Contact Company:				
Contact Name:				
Title:				
E-Mail:				
Phone:				
Construction Details				
	Yes	No	Notes	
Is project an alteration to an existing building?	<input type="checkbox"/>	<input type="checkbox"/>		
Is project in a Government/Municipal Agency?	<input type="checkbox"/>	<input type="checkbox"/>		
Any exterior work (site, façade, parking, sidewalk, etc)?	<input type="checkbox"/>	<input type="checkbox"/>		
Changing the footprint of the building?	<input type="checkbox"/>	<input type="checkbox"/>		
Are outside agency approvals needed? List	<input type="checkbox"/>	<input type="checkbox"/>		
Are all design professionals licensed in state of NC?	<input type="checkbox"/>	<input type="checkbox"/>		
Type of Construction:	<input type="checkbox"/> I-A	<input type="checkbox"/> I-B	<input type="checkbox"/> II-A	<input type="checkbox"/> II-B
	<input type="checkbox"/> III	<input type="checkbox"/> IV-A	<input type="checkbox"/> IV-B	<input type="checkbox"/> V-A
	<input type="checkbox"/> V-B			

Express Review appointments are available Wednesdays at 10:00 am.

Date Choice #1

Date Choice #2

Date Choice #3

Staff Use:	
<input type="checkbox"/> Express Application Approved	Application Reviewed By:
<input type="checkbox"/> Express Application Rejected	
Comments:	
Schedule Date:	