CTAC Walk-Thru Review – SUBMITTAL COVER SHEET
Updated 3-29-17

This document must be signed by all involved parties of the Superior Performing Team to participate in the CTAC Walk-Thru Review program. This team shall consist of Architects & Engineers (A/E) ranked as “Superior Performers” having an individual score of 85% or higher in Mecklenburg County’s A/E Pass Rate program. For eligible projects the following will be required:

1. **One business day prior to submittal of the project:** The team shall email the CTAC Coordinators a notification between 8:30 a.m. – 10:30 a.m. including the following:
   - Project name & the intent to submit as a CTAC Walk-Thru.
   - Completed CTAC Walk-Thru Review Submittal Cover Sheet.
   - Scope of work indicating how the project meets the CTAC Walk-Thru eligibility criteria.
   - Zoning approval documentation from Cornelius or Davidson (if applicable).
   - Names of Design Team members and their professional license numbers.
   - Address Verification form.
   - Completed permit application form with all Contractor(s) info and cost as applicable.
     - A separate Letter of Authorization (LOA) from the Contractor on the Contractor’s letterhead is required ONLY if the Architect or Engineer signed the permit application.
   
   Email to the CTAC Coordinators should be sent to: ctac@mecklenburgcountync.gov  

2. **On the day of project submittal:** All seal holders on the team shall arrive between 8:30 a.m. – 10:30 a.m. and be present for the entire review. The team shall bring the following:
   - Six (6) sets of construction plans; minimum sheet size is 18”x 24”.
   - Completed Self-Gatekeeping Checklist form.

**PROGRAM AVAILABILITY** – Monday thru Friday from 8:30 a.m. – 10:30 a.m. There will be five available slots each day on a first come first serve basis.

“I have read and understand the submittal procedures, and this submittal is in compliance. I further understand that should this submittal not include the necessary documentation, my project will not be processed for review under the CTAC Walk-Thru Review program until all documentation is submitted.”

**Primary Project Contact:** (Please print) ____________________________
Email: ____________________________ Phone: ____________________________ Date: ____________________________

**Superior Performing Team Identification**
Architect: ____________________________ Seal #: ____________________________
Structural Eng’r: ____________________________ Seal #: ____________________________
Electrical Eng’r: ____________________________ Seal #: ____________________________
Mechanical Eng’r: ____________________________ Seal #: ____________________________
Plumbing Eng’r: ____________________________ Seal #: ____________________________

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