

COMMERCIAL BUILDING PERMIT APPLICATION

PERMIT PROCESSING: ALLOW 4 TO 6 FULL WEEKS

(STATE LAW MAY REQUIRE THAT COMMERCIAL PLANS BE SIGNED AND SEALED BY A REGISTERED TEXAS ARCHITECT OR ENGINEER.
AMERICAN DISABILITIES ACT REQUIREMENTS: PLANS FOR COMMERCIAL PROJECTS, NEW OR REMODEL, MAY REQUIRE SUBMITTAL TO THE TEXAS DEPT. OF LICENSING AND REGULATION FOR REVIEW FOR TEXAS ACCESSIBILITY STANDARDS. PLEASE GIVE STATE-ASSIGNED PROJECT NUMBER OR OTHER PROOF OF REVIEW.)

DATE PLAN SUBMITTED _____ TIME _____

CONTRACTOR DBA _____

PROJECT MANAGER _____ PHONE NO. _____

CONTRACTOR MAILING ADDRESS _____ STE NO. _____

CITY/STATE/ZIP _____

BUILDING INFORMATION

BUILDING ADDRESS _____

ESTIMATED VALUATION _____ EST. SQFT _____

NEW _____ ADDITION _____ REMODEL/ALTERATIONS _____

BLD/PROPERTY OWNER NAME _____ PHONE NO. _____

ADDRESS/CITY/STATE _____

OCCUPANCY USE OR TYPE OF BUSINESS _____

- CONTACT FIRE MARSHAL'S OFFICE FOR PLAN REVIEW.
- IF RESTAURANT, SUBMIT PLANS TO ENVIRONMENTAL INSPECTION SERVICES DEPT. FOR APPROVAL.

ADA PROJECT NUMBER _____

EPA PERMIT

IS A NPDES CONSTRUCTION PERMIT REQUIRED? YES _____ NO _____

(REQUIRED FOR ANY DISTURBANCE: EQUAL TO OR GREATER THAN ONE ACRE OR PART OF A LARGER COMMON PLAN OF A LARGER COMMON PLAN TOTALING ONE ACRE OR GREATER.)

IF YES ATTACH A COPY OF NOI FORMS.

HAS A SWP3 BEEN PREPARED FOR THIS SITE? YES _____ NO _____

ENERGY CODE REPORT

ATTACH ENERGY CODE COMPLIANCE CHECKLIST AND REPORT

(DOWNLOAD FREE COMCHECK SOFTWARE AT WWW.ENERGYCODES.GOV)

ASBESTOS SURVEY

I hereby certify that an asbestos survey, as required by state and federal laws, of all parts of the building affected by the planned renovation or demolition has to be completed by a person that is appropriately licensed , accredited, or trained to perform a survey.

Print

Date

Signature

PLAN CHECK NO. _____ PLANS CHECKED BY _____

SIGHT ADDRESS _____

BUILDING INSPECTION INFORMATION

OCCUPANT LOAD _____ CONST. TYPE _____ USE _____

NO. OF STORIES _____ SQ/STORY _____

#UNITS _____ NO. OF BEDROOMS _____ NO. OF BATHS _____

CORRIDOR RATING _____ DOOR RATING _____

WALL RATING _____ CEILING RATING _____

EXT. WALL RATING _____ EXT. OPENING RATING _____

AREA SEPARATION WALL RATING _____

FLOOD ZONE _____ FLOOD ELEV. CERTIFICATE REQ'D? _____

FIRE DEPARTMENT SIGNATURE

DATE

SPRINKLERED BUILDING YES _____ NO _____

BUILDING INSPECTIONS NOTES

*****BELOW FOR OFFICE USE ONLY*****

LEGAL DESCRIPTION _____

ZONE _____ ZBA # _____ DATE _____

ZONE CONDITIONS _____

DATE PLANS SENT TO ZONING _____ DATE RETURNED _____

ZONING SIGN _____ DATE _____

