

## 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](http://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.

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Print

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Date

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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? \_\_\_\_\_

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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 \_\_\_\_\_