

NO. \_\_\_\_\_

# APPLICATION FOR COMMERCIAL BUILDING PERMIT



PLEASE PRINT OR TYPE – INCOMPLETE APPLICATION WILL NOT BE PROCESSED

1. ADDRESS		SUITE NUMBER		
2. LEGAL DESCRIPTION	LOT	BLOCK	ADDITION	COUNTY
3. OWNER	ADDRESS	CITY / STATE / ZIP		PHONE
4. CONTRACTOR	ADDRESS	CITY / STATE / ZIP		PHONE
5. ARCHITECT OR DESIGNER	ADDRESS	CITY / STATE / ZIP		PHONE
6. CHECK ALL ACTIVITIES WHICH WILL BE CONDUCTED ON THE PREMISES:				
<input type="checkbox"/> Office	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Grocery or Convenience Store	<input type="checkbox"/> Food Products	<input type="checkbox"/> Petroleum Products
<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Outside Storage	<input type="checkbox"/> Manufacturing (identify type)	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Child Care Center
<input type="checkbox"/> Tire Storage	<input type="checkbox"/> Combustible Liquids	<input type="checkbox"/> Warehouse (identify type)	<input type="checkbox"/> Outside Storage	<input type="checkbox"/> Flammable Liquids
<input type="checkbox"/> Wood Cutting	<input type="checkbox"/> Milling or Sanding	<input type="checkbox"/> Chemicals (identify type)	<input type="checkbox"/> Incineration	<input type="checkbox"/> Welding or Cutting
<input type="checkbox"/> On-Site Sewage Facility				
<input type="checkbox"/> Painting or Coating				
<input type="checkbox"/> Parts or Vehicle Wash				
<input type="checkbox"/> Items Stacked Higher than 12 ft				
7. A COPY OF THE ASBESTOS SURVEY FOR THE AREA(S) TO BE RENOVATED AND / OR DEMOLISHED WILL BE MADE AVAILABLE UPON REQUEST. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE _____ INITIAL				
8. CHECK ALL FEATURES OF THE BUILDING AND/OR PROPERTY: <input type="checkbox"/> WATER WELL <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> ABOVE / UNDER-GROUND TANK <input type="checkbox"/> FIRE SPRINKLER <input type="checkbox"/> METAL BLDG.				
9. DO YOU PLAN TO USE, STORE OR MANUFACTURE ANY FLAMMABLE, COMBUSTIBLE OR OTHER HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL				
10. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLISH <input type="checkbox"/> OTHER				
11. USE OF BUILDING (BE SPECIFIC)		TDLR PROJECT NUMBER:		
12. BUSINESS NAME _____ OCCUPANT AND / OR USE OF PROPERTY: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING		14. DESCRIBE WORK _____ _____		
13. PROVIDE SQUARE FOOTAGE OF AREA INVOLVED :		15. WORK INCLUDES: ELECTRICAL: PLUMBING: MECHANICAL: YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
OFFICE _____		16. MARKET VALUE OF BUILDING \$ _____ ( Including Property)		
WAREHOUSE _____		VALUATION OF WORK \$ _____ ( Material & Labor)		
RETAIL _____				
STORAGE _____				
OTHER _____				
TOTAL _____				
<b>CONTACT INFORMATION</b>		ACCEPTED BY: _____		
PLEASE PROVIDE THE CONTACT INFORMATION FOR THE PERSON WHO WILL BE RESPONSIBLE FOR RESPONDING TO CITY INQUIRES CONCERNING THIS PROJECT.		APPROVED BY: _____		
CONTACT PERSON _____		ISSUED BY: _____		
PRINTED NAME _____		DATE: _____		
E-MAIL ADDRESS _____		DATE: _____		
PHONE NUMBER _____		DATE: _____		
AREA CODE _____ NUMBER _____		PERMIT FEE: \$ _____		
FAX NUMBER _____				
AREA CODE _____ NUMBER _____				
<b>NOTICE</b>		SPECIAL CONDITIONS: _____ _____ _____ _____ _____		
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.		A) TDLR PROJECT <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL		
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.		B) ASBESTOS SURVEY <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL		
I HEREBY FURTHER CERTIFY THAT I AM THE OWNER OF THE PROPERTY DESCRIBED HEREIN OR HAVE THE PERMISSION OF THE OWNER TO APPLY FOR THE PERMIT HEREOF.		C) CONSTRUCTION PLANS (1) <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL		
NO CHANGE IS TO BE MADE IN THE USE OF THIS BUILDING OR LAND AND NO CONSTRUCTION, ADDITION OR REMODELING OTHER THAN WHICH THIS PERMIT AUTHORIZED SHALL BE MADE WITHOUT FIRST MAKING APPLICATION AND OBTAINING APPROVAL FOR SAID CHANGE.		C) DIGITAL CONSTRUCTION PLANS <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL		
APPLICANT'S SIGNATURE _____		DATE _____		