



## Commercial Permit Application

Permit #:	_____	
Disk Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General:	<input type="checkbox"/> Registered	<input type="checkbox"/> Not Registered
Electrical:	<input type="checkbox"/> Registered	<input type="checkbox"/> Not Registered
Mechanical:	<input type="checkbox"/> Registered	<input type="checkbox"/> Not Registered
Plumbing:	<input type="checkbox"/> Registered	<input type="checkbox"/> Not Registered

*Incomplete application and/or submittal will delay the review process.*

*Two (2) full sets of plans, one (1) set being no larger than 11" X 17" in size are required to be submitted with application.*

Scope of work: \_\_\_\_\_

Commercial New     Commercial Addition     Commercial Remodel     Commercial Finish Out

Commercial Shell     Demolition     Multi-Family     Other: \_\_\_\_\_

Project Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Address \_\_\_\_\_

Applicant \_\_\_\_\_ E-mail \_\_\_\_\_

General Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Mechanical Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Area A/C Space: \_\_\_\_\_ Total Area: \_\_\_\_\_

# Units: \_\_\_\_\_ # Stories: \_\_\_\_\_ Floor Level: \_\_\_\_\_ Finished Floor Elevation: \_\_\_\_\_

Water Available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sewer Available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flood Prone Area:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drainage/Utility Easements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical Provider:	<input type="checkbox"/> GCEC	<input type="checkbox"/> CoServ	Gas Provider:	<input type="checkbox"/> CoServ	<input type="checkbox"/> Atmos

Asbestos Survey (Must comply with Senate Bill 509):  Yes  No  Other: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Occupancy Classification: \_\_\_\_\_

Zoning: \_\_\_\_\_

Estimated Date of Completion: \_\_\_\_\_

TDLR#: \_\_\_\_\_

Type of Foundation: \_\_\_\_\_

Exterior Walls: \_\_\_\_\_

Roofing: \_\_\_\_\_

Water Service Size (Domestic): \_\_\_\_\_

Water Service Size (Irrigation): \_\_\_\_\_

I hereby certify that I have the authority to make the necessary application and that all information provided on this application is correct to the best of my knowledge. The project described herein will be built in accordance with the plans and specifications submitted at time of application. All work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances and regulations. **The Town will not assume responsibility for workability of sanitary sewer on all lots. A Certificate of Occupancy must be applied for and issued before any building is occupied.**

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_