



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.
Three (3) complete sets of plans shall be provided (24"x36") and one complete set of plans on CD or flash drive in .pdf format.
One additional complete set of plans shall be provided for Food Establishments.
For minor projects, the size of plans may be reduced to 11"x17" and no .pdf is required.*

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 <input type="checkbox"/> TXU	Gas Provider: <input type="checkbox"/> CoServ <input type="checkbox"/> Atmos		
Asbestos Survey (Must comply with Senate Bill 509): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 _____