



## 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.  
Please review Commercial Submittal Requirements form for all details.*

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

Property Owner Address \_\_\_\_\_

**\*\*Operator/Franchisee Name** \_\_\_\_\_

**\*\*Operator/Franchisee Phone** \_\_\_\_\_ E-mail \_\_\_\_\_

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: _____
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: _____
Estimated Date of Completion: _____

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