



COMMERCIAL BUILDING PERMIT APPLICATION COMMUNITY SERVICES

OFFICE PHONE – 972/744-4180 • INSPECTION REQUEST – 972/744-4181 • FAX – 972/744-5802

PROJECT ADDRESS						
OWNER OF PROPERTY	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #	
CONTRACTOR	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #	
TYPE OF WORK: NEW SHELL BLDG. <input type="checkbox"/> NEW FINISHED BLDG. <input type="checkbox"/> INTERIOR FINISH <input type="checkbox"/> INTERIOR REMODEL <input type="checkbox"/> ENLARGE EXISTING BLDG. <input type="checkbox"/> OTHER <input type="checkbox"/> (DESCRIPTION)						
THIS PERMIT INCLUDES THE FOLLOWING: PLUMBING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> HVAC <input type="checkbox"/>						
<input type="checkbox"/> I HEREBY CERTIFY THAT AN ASBESTOS SURVEY HAS BEEN DONE IN ACCORDANCE WITH THE TEXAS ASBESTOS HEALTH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) FOR THE AREA(S) BEING RENOVATED AND/OR DEMOLISHED. (APPLIES TO PUBLIC AND COMMERCIAL BUILDINGS ONLY)						
DESCRIBE THE SPECIFIC USE OF THIS ADDRESS:						
FLOOR SPACE IN LIVING/BUSINESS AREA _____ SQ. FT.; FLOOR SPACE IN GARAGE OR WAREHOUSE _____ SQ. FT. TOTAL ENCLOSED AREA _____ SQ. FT.						
TOTAL VALUE OF WORK INCLUDED IN THIS PERMIT \$ (ALL LABOR, MATERIALS, PLUMBING, ELECTRICAL, AND HVAC)						
(FOR COMMERCIAL PERMIT APPLICATIONS) IS THIS SPACE CURRENTLY VACANT <input type="checkbox"/> OR OCCUPIED <input type="checkbox"/> ?						
THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION. THIS PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK OR CONSTRUCTION IS NOT COMMENCED, IS SUSPENDED OR ABANDONED AFTER WORK IS COMMENCED, OR IF NO INSPECTIONS ARE OBTAINED WITHIN A 6 MONTH PERIOD. ALL PERMITS REQUIRE FINAL INSPECTIONS. I AGREE TO ABIDE BY ALL LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WHETHER HEREIN SPECIFIED OR NOT AND HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.						
(PLEASE PRINT) APPLICANT'S NAME			COMPANY TITLE			
COMPANY	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #	
APPLICANT'S SIGNATURE:						
CONTRACTOR'S SIGNATURE (REQUIRED FOR COMMERCIAL PERMITS)						
EMAIL ADDRESS:						

..... OFFICE USE ONLY						
ZONING _____	APPLICATION TYPE _____	CONST TYPE _____	OCCUPANCY GROUP _____			
# OF APT. UNITS _____	DATE CHECKED _____	CHECKED BY _____	APPLICATION # _____			
B <input type="checkbox"/>	E <input type="checkbox"/>	P <input type="checkbox"/>	HVAC <input type="checkbox"/>	C/O <input type="checkbox"/>	L <input type="checkbox"/>	N/C PERMIT <input type="checkbox"/>
ACCT # _____						
DATE _____	AMOUNT \$ _____	RECEIPT # _____	CASH/CK # _____	BY _____		