Walk In Application
Commercial Building Permit

(DO NOT FAX APPLICATION)

Please print clearly:

Applicant's Name: _____

Phone #: (____) _____ Fax #: (____) _____ Email: _____

Best way to deliver plan review comments: (check only one): □ Email □ Fax

(Note: If applicant is already a people record then the following information is not required)

Applicant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

TX Drivers License or other picture ID No:_____

Project Address:_____Suite:_____

Please check only one:

□ **Assembly** (Theater, restaurant, night club, dance club, banquet hall, indoor arcade, church and indoor/outdoor sport complex and similar uses)

□ **Business** (Business offices, bank/credit union, barber/beauty shop, medical offices, take out food establishments, professional services (CPAs, attorneys, architect/engineer, etc) and similar uses)

□ **Educational** (Public or private school through the 12th grade, child care for more than 5 children over the age of 2 1/2 years of age)

□ **Factory** (Manufacturing, assembly/disassembly, fabricating, finishing, packaging, repair or processing of products or goods)

□ **High Hazard** (Use of any building involving materials or products that constitute a health, fire, explosion or toxic health hazard)

□ **Institutional** (Hospitals, nursing homes, assisted living facilities, day care other than educational and similar uses)

□ **Mercantile** (Retail/wholesale stores, gas stations, department stores and similar uses)

□ **Residential** (Hotel/motel, apartments (3 or more dwelling units), dormitories and similar uses)

□ **Storage** (Warehousing/storage of products, goods or materials)

□ **Utility & Miscellaneous** (Cell towers, barns, carports and other miscellaneous structures)

Please check only one:

□ New Construction □ New Construction-Shell □ Addition □ Interior Finish-out

□ Remodel/Alteration/Repair □ Move □ Demolition □ Early Grading

Description of work:

_____

_____

_____

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 ordinances regulating construction, the performance of construction or the use of any land or buildings.

Print Name of Permit Applicant_____ Date _____

Signature of Permit Applicant _____

Applicant is ___ Contractor ___ Property owner or ___ Authorized Agent

If applicant is contractor, list name of company: _____

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Attach to "Walk in Application"

You must provide the following information before an application may be commenced. If you are applying for a work category of ***New Construction***, ***New Construction-Shell***, ***Addition*** or ***Early Grading*** then you must first have an approved ***Commercial Site Plan***.

- Provide a Brief Description of Proposed Work: _____

_____

- Address of Approved ***Commercial Site Plan***: _____

For ***New Construction, New Construction-Shell, Addition, Interior Finish Out*** and ***Remodel/Alteration/Repair,*** provide the following information as indicated:

- Site Area(square feet): _____
- Construction Valuation-Declared: $_____
- TDLR Registration #: _____ (required if the declared construction value is $50,000 or greater)
- Building Permit Fee valuation (Enter amount from worksheet): $ _____
  - Building Footprint Area (square feet): _____ (***New Construction*** and ***New Construction-Shell*** Only)
  - Area of Addition (square feet): _____ (***Addition*** Only)
  - Area of Tenant Space (square feet): _____ (***Interior Finish Out*** and ***Remodel/Alteration/Repair*** Only)
- Pavement Area (square feet): _____ (***New Construction*** and ***Addition*** Only)
- Main Use: _____ (Write in or select one use from list - see list on page 3)
- Number of Structures: _____ (***New Construction*** and ***New Construction-Shell*** Only)
- Energy Code Compliance-Envelope (Check only one):

  __ASHRAE, __Chapter 8 IECC, __COMcheck, __N/A
- Energy Code Compliance-Lighting (Check only one):

  __ASHRAE, __Chapter 8 IECC, __COMcheck, __N/A
- Energy Code Compliance-Mechanical (Check only one):

  __ASHRAE, __Chapter 8 IECC, __COMcheck, __N/A
- Energy Code Compliance-Water Heater (Check only one):

  __ASHRAE, __Chapter 8 IECC, __COMcheck, __N/A
- (All except ***New Construction-Shell)***
  Will this facility be providing supervision for thirteen (13) or more unrelated children under the age of fourteen (14) for periods of time less then 24 hours? ..... ☐ Yes ☐ No
- (All except ***New Construction-Shell)***
  Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared, excluding vending machines? ..... ☐ Yes ☐ No
- Will a septic tank, grease trap or sand trap be used on the premises? ..... ☐ Yes ☐ No
- Will any manufacturing take place on the Premises? ..... ☐ Yes ☐ No
- Will any liquid wastes or sludge be generated which are not disposed of in the sewer system? ..... ☐ Yes ☐ No

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- Will any form of waste water pre-treatment be utilized at this location? ..... ☐ Yes ☐ No
- Will the plan review be performed by a Third Party Organization? .....☐ Yes ☐ No
- Will the inspections be performed by a Third Party Organization?.....☐ Yes ☐ No
- Name of the Third Party Organization (Check only one):

  □ Bureau Veritas □ Inspection Tech Services □ Lone Star Professional Services □ Metro Code Analysis

  □ North Texas Inspection Services □ Winston Services □ None – Not Applicable
- Will/does this location have Gas Service: .....☐ Yes ☐ No

For ***Move,*** provide the following information as indicated:

- Number of days moved on city streets: _____
- Number of structures to be moved: _____
- Area of 1st building to be moved (in square feet): _____
- Area of 2nd building to be moved (in square feet): _____
- Area of 3rd building to be moved (in square feet): _____
- Type of Move (select only one):

  □ Into the City □ Out of the City □ Within the City □ Through the City

For ***Demolition,*** provide the following information as indicated:

- Site area in square feet: _____
- Proof of asbestos survey: _____
- Number of structures to be demolished:___

For ***Early Grading***, provide the following information as indicated:

- Will the plan review be performed by a Third Party Organization? .....☐ Yes ☐ No
- Will the inspections be performed by a Third Party Organization?.....☐ Yes ☐ No
- Name of the Third Party Organization (Check only one):

  □ Bureau Veritas □ Code Solutions □ Inspection Tech Services □ Lone Star Professional Services

  □ Metro Code Analysis □ North Texas Inspection Services □ Winston Services □ None – Not Applicable

Main Use List:

□ Theater
□ Restaurant
□ Night Club
□ Dance Club
□ Banquet Hall
□ Indoor Arcade
□ Church
□ Indoor/Outdoor Sport Complex
□ Business Office
□ Bank/Credit Union □ Barber/Beauty Shop
□ Medical Office
□ Take Out Food Establishment

□ Professional Services (CPAs, Attorneys, Architect/Engineer, etc)
□ Public/private School Through the 12th Grade
□ Child Care For 5+ Children Over the Age of 2 1/2 Years
□ Manufacturing
□ Assembly / Disassembly
□ Fabricating
□ Finishing
□ Packaging
□ Repair/Processing
□ Bldg w/Materials or Products That Constitute a Health, Fire, Explosion or Toxic Health Hazard
□ Hospital
□ Nursing Home
□ Asst Living Facilities
□ Day care - Not Educational
□ Retail/Wholesale Store
□ Automotive Repair Garage
□ Department Stores □ Hotel/Motel
□ Apartments (3+ dwelling units)
□ Dormitory
□ Warehousing / Storage
□ Towers

□ Barns
□ Carports
□ Misc Structures
□ Other _____
_____

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