



Commercial Building Permit Application

Permit Number

PROJECT INFORMATION				
Project Address	Suite #	Subdivision	Lot	Block
Property Owner Name	Property Owner Address		Phone	
Contractor Name	Contractor Address		Phone	
Contact Email:				

DESCRIPTION OF WORK			
<input type="checkbox"/> Interior Finish	<input type="checkbox"/> New Building	<input type="checkbox"/> Shell Only	<input type="checkbox"/> Addition*
<input type="checkbox"/> Alter/Remodel*	<input type="checkbox"/> Demolition*	<input type="checkbox"/> Other _____	
<i>*Please read and Sign</i>			

I certify an Asbestos Survey has been done as required by the Texas Department of Health

Signature: _____ Date: _____

Description of work to be done:

Value of Project	Construction Type (IIA, IIB, VA, etc.)	Occupancy Type (A2, A3, B, M, R2, etc.)
Total Square Footage	Proposed Use	

CONTRACTOR TRADES (COMPANY NAME)		
Plumbing Contractor	Mechanical Contractor	Electrical Contractor

NOTICE

I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Applicant Name	Applicant Signature	DATE
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-----OFFICE USE ONLY BELOW THIS LINE-----

Plan Review Fee:	Received By:	Date:
Permit Fee:	Issued By:	Date: