



COMMERCIAL PERMIT APPLICATION

(Please print clearly)

Address and Owner Information		Applicant/Contractor Information	
Project Address		General Contractor (Co. Name)	
Lot	Block	Applicant Name	
Subdivision		Applicant Email	
Property Owner Name		Applicant Phone	
Property Owner Address		Field contact person (if different than above)	
City / State / Zip		Cell phone	

<u>Type of Work</u>	<u>Utilities - (check which apply)</u>	<u>General Information</u>
<input type="checkbox"/> Alteration (existing building)**	<input type="checkbox"/> Oncor	Business Name _____
<input type="checkbox"/> Addition	<input type="checkbox"/> Tri County	Business Type _____
<input type="checkbox"/> New Building	<input type="checkbox"/> Atmos Gas	Square Feet _____
<input type="checkbox"/> Finish-Out (new building)	<u>Water Meter Size & Type</u>	Valuation \$ _____
<input type="checkbox"/> Shell Only	<input type="checkbox"/> 3/4 inch simple	Fire Sprinklered Building <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Demolition	<input type="checkbox"/> 1 inch simple	Existing Business <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> (Initial) **I certify an Asbestos Survey has been completed as required by the State for Alteration or Demolition Projects**		

Subcontractor Information (attach MEP Worksheet)

Electric	Mechanical
Plumbing	3rd Party Energy

Applicant Signature

Printed Name: _____ Signature: _____

Office Use Only	\$\$Fees	
Permit Number	Water Meter Installation Fee _____	Building Permit Fee _____
Plan Reviewer & Date	Service Charge _____	Plan Review Fee _____
Electric Permit Fee	Water Deposit: _____	MEP Fees _____
Plumbing Permit Fee	Sewer Tap Fee _____	Lot Drainage Fee _____
Mechanical Permit Fee	Roadway Impact Fee _____	Contractor Reg. Fee _____
	Water Impact Fee _____	Other _____
	Sewer Impact Fee _____	TOTAL FEES _____