

COMMERCIAL BUILDING PERMIT APPLICATION

Project Address: _____

Project Name: _____ **Proposed Use:** _____

Zoning District (Circle One): A B C D M F G H J K **Approved Plat:** Yes No **Flood Zone:** _____

Subdivision: _____ **Lot:** _____ **Block:** _____

Property Owner: _____ **Address:** _____

City: _____ State/Zip: _____ Phone # ____-____-____ Fax # ____-____-____

Class of Work: New Remodel/Addition "Build-out" Demolition Other

Use/Occupancy Group: _____ **Max Occupancy:** _____ **Type of Construction:** _____
(per 2012 IBC Sec. 302) (per 2012 IBC Sec. 1004) (per 2012 IBC Ch. 6)

Fire Sprinklers: Yes No **Square Footage:** _____ **Valuation of the Project:** \$ _____

If the project exceeds \$50,000 in construction costs, registration with the Texas Department of Licensing and Regulation (TDLR), Architectural Barriers is required. If you have registered, enter project number _____. If not, contact TDLR at (800) 803-9202 or (512) 463-3211. [www.license.state.tx.us]

FOR RENOVATION/ DEMOLITION PERMITS ONLY

Please review, as required for Public or Commercial buildings by Senate Bill 509 effective January 1, 2002.

Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP)? Yes No

Date of survey: ____/____/____ TDH Inspector License No. _____ Copy Attached: Yes No

* If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) **prior** to a renovation/demolition permit being issued the City of Jersey Village.

Description of Work: _____

Contractor/Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: ____-____-____ Fax #: ____-____-____ Cell #: ____-____-____

Contact Person (Please Print): _____ e-mail: _____

I hereby certify that I have read and examined this document 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. I further understand that plans submitted for approval will be subjected to a comprehensive check against municipal ordinance and building code. Any set of plans that must be returned for modifications or corrections in order to come into compliance with ordinance or code will be subject to rechecking in order of submittal. Under no circumstances will paid fees be refunded or transferred. Applications and plans will be held for 180 days. After 180 days this application and plans will be disposed of unless a valid building permit is issued.

Signature of Contractor or Authorized Agent

Date

NOTE: FOR NEW COMMERCIAL "GROUND-UP" AND ADDITIONS, THREE (3) SETS OF PLANS ARE REQUIRED AND A COMPLETED DEVELOPMENT PERMIT APPLICATION FOR FLOODPLAIN MANAGEMENT MUST BE SUBMITTED. FOR "BUILD-OUTS", TWO (2) SETS OF PLANS ONLY.

* A signed executed contract is required stating total price.

** Building Permit Fee Schedule (Ord. 04-12 Effective June 24, 2004)

New Commercial or Structure and Additions	[Total covered area] x [\$0.30/square foot] = Building Permit Fee
Commercial Remodel or Build-out	[\$15 for the first \$1,000, plus \$5.00 for each additional thousand or fraction thereof] = Building Permit Fee

** Plan checking fee shall be paid at the time of plan submittal, and is equal to one-half of the building permit fee. Such plan checking fee is in addition to the building permit fee. All new construction is subject to impact fees.

For Office Staff Use Only

Permit Received By: _____

Time/Date Stamp: _____

_____	SQUARE FOOTAGE IMPROVEMENTS:	_____
Area	NEW COMMERCIAL - \$0.30 PER SQ. FT.	_____
	COMM. REMODEL OR BUILD-OUT	_____
	SEWER IMPACT FEE	_____
	WATER IMPACT FEE	_____
	PLAN CHECKING FEE	_____
	PAVING (SEPARATE PERMIT)	_____
	TOTAL FEES DUE	_____

PLANS APPROVED: BY: _____ DATE: _____