

CITY OF SHALLOWATER

COMMERCIAL BUILDING PERMIT APPLICATION

PERMIT PROCESSING:

STATE LAW MAY REQUIRE THAT COMMERCIAL PLANS BE SIGNED AND SEALED BY A REGISTERED TEXAS ARCHITECT OR ENGINEER. **AMERICAN DISABILITIES ACT REQUIREMENTS:** PLANS FOR COMMERCIAL PROJECTS, NEW OR REMODEL, MAY REQUIRE SUBMITTAL TO THE TEXAS DEPT. OF LICENSING AND REGULATION FOR REVIEW FOR TEXAS ACCESSIBILITY STANDARDS. PLEASE GIVE STATE-ASSIGNED PROJECT NUMBER OR OTHER PROOF OF REVIEW.

DATE PLANS SUBMITTED _____ (2 SETS SITE & FLOOR PLANS)
CONTRACTOR DBA _____
PROJECT MANAGER _____ PH.NO _____
CONTRACTOR ADDRESS _____
CITY, STATE, ZIP _____

BUILDING INFORMATION

BUILDING ADDRESS _____
EST. SQ. FOOTAGE _____
NEW _____ ADDITION _____ REN, ALT _____
BLD/PROPERTY OWNER NAME _____ PH.NO _____
ADDRESS, CITY, ZIP _____
OCCUPANCY USE OR TYPE OF BUSINESS _____
***CONTACT FIRE MARSHAL'S OFFICE FOR PLAN REVIEW.**
***IF RESTAURANT, SUBMIT PLANS TO ENVIRONMENTAL INSPECTION SERVICES DEPT. FOR APPROVAL.**
ADA PROJECT NUMBER _____

EPA PERMIT

IS A NPDES CONSTRUCTION PERMIT REQUIRED? YES _____ NO _____
(REQUIRED FOR ANY DISTURBANCE, EQUAL TO OR GREATER THAN ONE ACRE, OR PART OF A LARGER COMMON PLAN TOTALING ONW ACRE OR GREATER) IF YES, ATTACH A COPY OR NOI FORMS.
HAS A SWP3 BEEN PREPARED FOR THIS SITE? YES _____ NO _____

ASBESTOS SURVEY

I HEREBY CERTIFY THAT AN ASBESTOS SURVEY, AS REQUIRED BY STATE AND FEDERAL LAWS, OF ALL PARTS OF THE BUILDING AFFECTED BY THE PLANNED RENOVATION OR DEMOLITION HAS BEEN COMPLETED BY A PERSON THAT IS APPROPRIATELY LICENSED, ACCREDITED, OR TRAINED TO PERFORM A SURVEY.

PRINT NAME _____ DATE _____
SIGN NAME _____
PLAN CHECK NO. _____
PLANS CHECKED BY _____