



PLANNING & COMMUNITY DEVELOPMENT
 INSPECTIONS DIVISION
 1400 SCHERTZ PARKWAY, BLDG. #1
 SCHERTZ, TEXAS 78154-1634
 (210) 619-1750
<http://schertz.com/>

NEW COMMERCIAL BUILDING PERMIT APPLICATION

JOB ADDRESS:		COUNTY:	
ZONING:	BLOCK:	LOT:	SUBDIVISION:
OWNER NAME:	ADDRESS, CITY, ST. ZIP:		PHONE:
CONTRACTOR:	ADDRESS, CITY, ST. ZIP:		PHONE:
ELECTRICAL CONTRACTOR:	ADDRESS, CITY, ST. ZIP:		PHONE:
PLUMBING CONTRACTOR:	ADDRESS, CITY, ST. ZIP:		PHONE:
MECHANICAL CONTRACTOR:	ADDRESS, CITY, ST. ZIP:		PHONE:
ARCHITECT:	ADDRESS, CITY, ST. ZIP:		PHONE:
ENGINEER:	ADDRESS, CITY, ST. ZIP:		PHONE:
CLASS OF WORK: CHECK ALL THAT APPLY : INDUSTRIAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> INTERIOR FINISH OUT <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVING <input type="checkbox"/> DEMOLITION * <input type="checkbox"/> OTHER <input type="checkbox"/> _____ <small>* DEMOLITION - AN ASBESTOS SURVEY IS REQUIRED OF COMMERCIAL DEMOLITION PROJECTS IN ACCORDANCE WITH THE TEXAS STATE HEALTH SERVICES DEPARTMENT REQUIREMENTS AND TEXAS ASBESTOS HEALTH PROTECTION RULES. ATTACH A COPY OF ASBESTOS SURVEY.</small>			
DESCRIPTION OF WORK: CHECK ALL THAT APPLY AND INCLUDE SUB-TRADE(S) THAT APPLY TO THIS PROJECT: ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> FLATWORK <input type="checkbox"/> ASPHALT/PAVING <input type="checkbox"/> FENCE <input type="checkbox"/> > CHAIN LINK OR PRIVACY? WOOD DECK <input type="checkbox"/> CONCRETE PATIO <input type="checkbox"/> > COVERED OR UNCOVERED? SHED <input type="checkbox"/> > TYPE OF FLOOR _____ WINDOW REPLACEMENT <input type="checkbox"/> > NO. _____ SIDING/FASCIA <input type="checkbox"/> OTHER TYPE OF PERMIT <input type="checkbox"/> EXPLAIN: _____			
COST OF CONSTRUCTION: ** NEW CONSTRUCTION COMMERCIAL/ALL COMMERCIAL: \$ _____ ACTUAL COST OF CONSTRUCTION ALL OTHER CONSTRUCTION - COST/VALUE OF WORK: _____			
OCCUPANCY GROUP:	*TOTAL SQ. FT.	NUMBER OF STORIES:	TYPE OF CONSTRUCTION:
** TDLR REFERENCE NUMBER: For Projects \$50,000 or greater	FIRE SPRINKLER REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>		NUMBER OF OFF STREET PARKING?
IS THIS PROPERTY WITHIN A FLOOD ZONE? YES <input type="checkbox"/> NO <input type="checkbox"/>		FLOOD ZONE:	
NOTICE		FOR DEPARTMENT USE ONLY	
THIS APPLICATION FOR PERMIT SHALL INCLUDE ALL SUB-TRADES OF ELECTRICAL, MECHANICAL AND PLUMBING. THIS PERMIT BECOMES NULL AND VOID WITHIN 6 MONTHS OF ISSUANCE. ANYONE HOLDING AN UNEXPIRED PERMIT MAY APPLY FOR AN EXTENSION, IN WRITING. PERMITS ARE NON-TRANSFERABLE FROM ONE PERSON TO ANOTHER. 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 LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION. AS CONTRACTOR, I AUTHORIZE THE PROPERTY OWNER TO PICK UP THIS PERMIT ON MY BEHALF. I UNDERSTAND THAT WORK MAY NOT BEGIN UNTIL THE PERMIT IS POSTED ON THE JOB SITE. I ASSUME ALL RESPONSIBILITY FOR ANY PENALTY THAT MAY BE ASSESSED IF WORK IS PERFORMED WITHOUT THE PERMIT BEING POSTED.		PERMIT NUMBER: _____ TOTAL AMOUNT DUE: _____	
SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT		APPLICATION ACCEPTED BY _____ DATE _____	
PRINT NAME OF OWNER, CONTRACTOR OR AUTHORIZED AGENT		APPLICATION APPROVED BY _____ DATE _____	
DATE	EMAIL ADDRESS (PRINT)		





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COMMERCIAL PLAN SUBMITTAL CHECKLIST

The following information shall accompany all commercial plan submittals. Incomplete submittals will not be accepted. If you need assistance or have questions, please call (210) 619-1750.

*** New construction shall have site plan approval prior to acceptance of construction plans. ***

Check all that apply to your project and that accompany your plans and application. For information not provided, please indicate N/A (not applicable) and make necessary comments.

- New Construction Finish - Out Remodel
1. Complete building permit application.
 2. Complete construction plans to include: Check all that apply:

<input type="checkbox"/> Approved & Signed Site plan ***	<input type="checkbox"/> Sealed construction plans
<input type="checkbox"/> Parking plan	<input type="checkbox"/> Roof truss plan
<input type="checkbox"/> Building elevation plans	<input type="checkbox"/> Sealed MEP's
<input type="checkbox"/> Engineer sealed foundation plan	<input type="checkbox"/> Tree Preservation/Landscape Plan ***
 3. Commercial Check Report (Energy Report).
 4. Flood Plain Permit, if applicable.
 5. TX DOT Permit (required for access or improvements fronting a state highway).
 6. Copy of Recorded Plat.
 7. In order to obtain a Final Certificate of Occupancy, an Electronic CD of Final As-Built set of construction building plans on all non-residential projects shall be submitted in PDF or JPG format.
 8. Clearing and Grading Permit Application and associated plans
If issued separately, please provide permit number _____.
 9. Contract

Comments: _____

Applicant Name: _____ Company: _____

Business Phone: _____ Cell Phone: _____

Email Address (Print) _____

Applicant acknowledges that all information as required above is provided herein and understands that failure to provide all information necessary to process building permit request shall result in rejection of plans and building permit application by the City.

_____ Date: _____

Applicant Signature

FOR OFFICE USE

Plans and Application Complete? Yes No

Date Received: _____ Received By: _____

* Please attach your comments to this document and the plans and return to the Building Inspections Dept. Thank you for your assistance with this process.

