

# City of Temple Universal COMMERCIAL Building Permit Application

*(Incomplete applications will not be accepted)*

## Check all that apply

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> New                 | <input type="checkbox"/> Addition       | <input type="checkbox"/> Mechanical           | <input type="checkbox"/> Fence               |
| <input type="checkbox"/> New Shell Only      | <input type="checkbox"/> Sidewalk       | <input type="checkbox"/> Electrical           | <input type="checkbox"/> Roof                |
| <input type="checkbox"/> New Finish Out Only | <input type="checkbox"/> Driveway       | <input type="checkbox"/> Plumbing             | <input type="checkbox"/> Pool                |
| <input type="checkbox"/> Remodel Interior    | <input type="checkbox"/> Parking Lot    | <input type="checkbox"/> Construction Trailer | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> Remodel Exterior    | <input type="checkbox"/> Other Flatwork | <input type="checkbox"/> Irrigation           | <input type="checkbox"/> Other: _____        |

### PROJECT/SITE INFORMATION: *PLACE N/A FOR ALL ITEMS THAT DO NOT APPLY*

Project Address (Location): \_\_\_\_\_ Total Acres: \_\_\_\_\_  
Project Name: \_\_\_\_\_ Parcel(s) Tax ID# (Required): \_\_\_\_\_  
Scope of Work: \_\_\_\_\_  
Multi-Family: Yes  NO  If yes, # of Existing Units \_\_\_\_\_ # of Proposed Units \_\_\_\_\_  
Current Zoning: \_\_\_\_\_ Current Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
Accessory Structures on Site: Yes  No  Cost of project \_\_\_\_\_

### PROPERTY OWNER INFORMATION:

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### GENERAL CONTRACTOR INFORMATION:

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Will this be the project contact? Yes  No

### ARCHITECT ENGINEER DESIGNER:

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Will this be the project contact? Yes  No

### BUILDING INFORMATION (If Proposed)

# of Stories: \_\_\_\_ # of Dwelling Units: \_\_\_\_ Floor Area: Existing: \_\_\_\_\_ New: \_\_\_\_\_ SQ FT Shell: \_\_\_\_\_ SQ FT Finish Out: \_\_\_\_\_  
Septic: Yes  No  Flood Plain: Yes  No  Fire Sprinkler: Yes  No   
Asbestos Survey required: Yes  No  Historic District: Yes  No

### FENCE INFORMATION (If Proposed)

New: \_\_\_\_ Replacement: \_\_\_\_ Repair: \_\_\_\_ Fence Height: \_\_\_\_\_ Proposed Fence Material: \_\_\_\_\_  
Pickett  Privacy  Wrought Iron  Other  \_\_\_\_\_  
Proposed location: \_\_\_\_\_ Corner Lot: Yes  No  Cost of Construction: \_\_\_\_\_

### ROOF INFORMATION (If Proposed)

New  Replacement  Repair  Cost of Construction: \_\_\_\_\_ SQ FT: \_\_\_\_\_ # of Layers \_\_\_\_\_  
Existing Material: \_\_\_\_\_ Existing Color: \_\_\_\_\_ Proposed Material: \_\_\_\_\_ Proposed Color: \_\_\_\_\_

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## POOL INFORMATION (If Proposed)

Cost of Construction: \_\_\_\_\_

**Select All that Apply:** Private Pool  Public Pool  Private Hot Tub/Spa  Public Hot Tub/Spa  Fountain

Above Ground  In-ground  Raised Deck or Platform Surround  Concrete or Stone Surround  Safety Cover

Self closing-self latching gates  Fully Fenced  Fence Material: \_\_\_\_\_ Fence Height: \_\_\_\_\_ Alarm on Door

## FLATWORK INFORMATION (If Proposed)

New  Replacement  Repair  Cost of Construction: \_\_\_\_\_ SQ FT: \_\_\_\_\_ Location: \_\_\_\_\_

Existing Material: \_\_\_\_\_ Proposed Material: \_\_\_\_\_

## ELECTRICAL INFORMATION (If Proposed)

**Select all that Apply:** New  Temp Pole  Repair  Trailer Hookup  Upgrade  Gasoline Pump

Change Service  Sign Hookup  Move Service  Motor  Other, please specify: \_\_\_\_\_

Amps: \_\_\_\_\_ Feeder panels: \_\_\_\_\_ Outlets: \_\_\_\_\_ Horsepower (motor): \_\_\_\_\_ Cost of Job: \_\_\_\_\_

### ELECTRICAL CONTRACTOR

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Received by: walk in  fax  e-mail

## MECHANICAL INFORMATION (If Proposed)

**Select All that Apply:** New  Replacement  Repair  Duct Work

# Air Units: \_\_\_\_\_ # Heat Units: \_\_\_\_\_ # Fans/Blowers: \_\_\_\_\_ # Refrigerator units: \_\_\_\_\_

Other, please specify: \_\_\_\_\_ Cost of Job: \_\_\_\_\_

### MECHANICAL CONTRACTOR

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Received by: walk in  fax  e-mail

## PLUMBING INFORMATION (If Proposed)

**Select All that Apply:** New: \_\_\_\_\_ Replacement: \_\_\_\_\_ Repair: \_\_\_\_\_ Sewer Line: \_\_\_\_\_ Water Heater: \_\_\_\_\_ Gas Yard Line: \_\_\_\_\_ Gas Test: \_\_\_\_\_ RPZ: \_\_\_\_\_

# Lavatories: \_\_\_\_\_ # Commodes: \_\_\_\_\_ # Tubs/Shower: \_\_\_\_\_ # Drinking Fountains: \_\_\_\_\_ # Floor Drains: \_\_\_\_\_ # Water Lines: \_\_\_\_\_

# Grease Traps: \_\_\_\_\_ # Gas Piping Openings: \_\_\_\_\_ # of heads \_\_\_\_\_ Estimated Cost \_\_\_\_\_

Other, please specify: \_\_\_\_\_ Cost of Job: \_\_\_\_\_

### PLUMBING CONTRACTOR

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## CHECKLIST

Submittal Requirements	New Construction or New Shell	New Finish Out	Remodel Interior	Remodel Exterior	Addition	All Flatwork	Mechanical	Electrical	Plumbing	Fence	Roof	Pool	Accessory Structure
Hard Copies for all submittals	2	2	2	2	2	1	1	1	1	1	1	1	1
Electronic copy (PDF) of all required materials submitted as hard copies (must be legible)	2	2	2	2	2								
Civil Plans	✓				✓								
COM Check (IECC 2009)(www.energycodes.gov)	✓	✓	✓	✓	✓								
Complete Universal Application	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Drainage Plan	✓				✓	✓							
Electrical, Mechanical, & Plumbing Plans	✓	✓	✓		✓		✓	✓	✓				
Exterior Elevations	✓			✓	✓								
Fee	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fire Protection Plans	✓	✓	✓		✓								✓
Floor Plans	✓	✓	✓		✓								
Foundation Plans	✓				✓								
Landscape Plan	✓				✓	✓							
Site Plan	✓	✓	✓	✓	✓	✓				✓		✓	✓
Texas Department of Licensing and Regulation number (TDLR) over \$50,000	✓	✓	✓	✓	✓								

### APPLICATION AGREEMENT AND SIGNATURE

I hereby acknowledge that I have read this application and state the above is correct and agree to comply with the City of Temple Ordinances and State Laws regulating zoning and building construction. **I certify that I have submitted all required documents as listed in the above checklist chart.** I also certify I am the property owner, or am authorized to act as the property owner's agent in obtaining this permit.

**No work is to be started before the permit application has been approved and you have received a copy of the approved permit.** Office personnel will contact you when the permit application has been approved. **False or incorrect information will be grounds for permit to be revoked or denied.**

**Notice: A Certificate of Occupancy must be issued before any building is occupied.**

**By signing this application, staff is granted access to your property to perform work related to your case.**

SIGNATURE:

\_\_\_\_\_

(Letter of authorization required if signature is other than property owner)

PRINTED NAME:

\_\_\_\_\_

(Letter of authorization required if signature is other than property owner)

For Department Use Only

Permit #: \_\_\_\_\_

Total Fee(s): \_\_\_\_\_

Fee Credit: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Accepted Date: \_\_\_\_\_

Certify Application complete: \_\_\_\_\_