

# CITY OF OLD RIVER-WINFREE COMMERCIAL BUILDING PERMIT APPLICATION

PERMIT NUMBER \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

CURRENT PROPERTY USE: \_\_\_\_\_ PROPOSED PROPERTY USE: \_\_\_\_\_

DESCRIPTION AND NAME OF BUSINESS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR'S E-MAIL ADDRESS: \_\_\_\_\_

ARCHITECT/ENGINEER: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

Type of Permit			
New Commercial	Storage Building	Garage	Sq. Ft.
*Add or Remodel Commercial	Carport	Urban Repair	
Foundation Repair	Fence	Fire / Flood Damage	
Certificate of Occupancy	Driveway	Other	

DESCRIPTION OF IMPROVEMENT: \_\_\_\_\_

COST OF IMPROVEMENT \$ \_\_\_\_\_ (Dollar value of Labor and Materials)

TDLR Texas Accessibility Standards (TAS) Registration Number \_\_\_\_\_ (required if \$50,000 or more.)

SQUARE FOOTAGE OF BUILDING: \_\_\_\_\_ NUMBER OF STORIES: \_\_\_\_\_

NUMBER OF BATHROOMS: \_\_\_\_\_

- ADDRESS NUMBERS MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.
- THIS CERTIFIES THAT ON THIS DATE I MADE AN APPLICATION FOR A PERMIT WITH THE CITY OF OLD RIVER-WINFREE, I AGREE TO FOLLOW ALL BUILDING CODES AND CITY ORDINANCES AND MEET ALL DEED RESTRICTIONS.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANTS PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

\*REMODEL / DEMOLITION ONLY - I HEREBY CERTIFY THAT AN ASBESTOS SURVEY HAS BEEN DONE IN ACCORDANCE WITH THE TEXAS ASBESTOS HEATH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) FOR THE AREA(S) BEING RENOVATED AND/OR DEMOLISHED. A COPY OF THE ASBESTOS SURVEY IS INCLUDED WITH THIS PERMIT APPLICATION.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANTS PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

ZONING ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

PLAN REVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_ OCCUPANCY TYPE: \_\_\_\_\_

FLOOD HAZARD VERIFICATION  NO HAZARD  YES - ELEVATION CERTIFICATE REQUIRED