

# COMMERCIAL PERMIT APPLICATION

REV. 3/25



P.O. BOX 220 MCALLEN, TEXAS 78505-0220

(Please type or print in black or blue ink)

PERMIT NO. \_\_\_\_\_

GC NUMBER \_\_\_\_\_

APPLICANT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT: NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER  CONTRACTOR  TENANT  OTHER \_\_\_\_\_

OWNER

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER  CONTRACTOR  TENANT  OTHER \_\_\_\_\_

NEW  ADDITION  REMODELING  REPAIR  MOVE  REMOVE BLDG. HGT. \_\_\_\_\_ NO. OF FLOORS \_\_\_\_\_

BLDG SQ FT \_\_\_\_\_ NUMBER OF SPACES \_\_\_\_\_ SQ FT LOT \_\_\_\_\_ LOT FRONT \_\_\_\_\_ FLOOR ELEVATION ABOVE CURB \_\_\_\_\_ TYPE OF CONST \_\_\_\_\_

EXISTING USE OF LOT \_\_\_\_\_ NEW USE \_\_\_\_\_

SCOPE OF WORK TO BE DONE \_\_\_\_\_

TRADE WORK TO BE DONE  ELECTRICAL  MECHANICAL  PLUMBING IMPROVEMENT VALUE \$ \_\_\_\_\_

STRUCTURE BUILT BEFORE 1978  YES  NO BUSINESS NAME \_\_\_\_\_

PROJECT

FOR APARTMENT USE ONLY NO. OF UNITS \_\_\_\_\_ NO BDRMS \_\_\_\_\_ NO BATHRMS \_\_\_\_\_ SQ. FT. NON-LIVING \_\_\_\_\_ SQ. FT. LIVING \_\_\_\_\_

FOUNDATION	EXT WALL	ROOF	SPECIAL CONDITIONS
<input type="checkbox"/> CONCRETE SLAB	<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> WOOD SHINGLE	<input type="checkbox"/> FIRE SPRINKLER SYSTEM
<input type="checkbox"/> CONCRETE PIER	<input type="checkbox"/> MASONRY SOLID	<input type="checkbox"/> COMPOSITION	<input type="checkbox"/> FIRE ALARM SYSTEM
<input type="checkbox"/> CONCRETE BLOCK	<input type="checkbox"/> METAL SIDING	<input type="checkbox"/> METAL	<input type="checkbox"/> REFRESH PROGRAM
<input type="checkbox"/> CONCRETE BEAM	<input type="checkbox"/> COMPOSITION	<input type="checkbox"/> BUILD UP	<input type="checkbox"/> TABS # _____
<input type="checkbox"/> WOOD POSTS	<input type="checkbox"/> WOOD	<input type="checkbox"/> CEMENT	<input type="checkbox"/> ASBESTOS SURVEY LETTER
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> FOOD PRODUCTS/PREPACKAGED FOOD
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

### LEGAL DESCRIPTION REQUIRED:

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

SITE/PROJECT ADDRESS: STREET ADDRESS \_\_\_\_\_ STREET NAME \_\_\_\_\_ STE/UNIT NO. \_\_\_\_\_

CITY USE ONLY

ZONING \_\_\_\_\_ PARK ZONE#  PLAN REVIEW FEE \$ \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_ REC'D BY \_\_\_\_\_

PARK FEE \$ \_\_\_\_\_ DOUBLE FEE \$ \_\_\_\_\_ DATE \_\_\_\_\_

TOTAL FEE DUE \$ \_\_\_\_\_ TIME \_\_\_\_\_

The foregoing is a true and correct description of the improvement proposed by the undersigned applicant and the applicant states that he will have full authority over construction of same. The building permit shall not be held to permit or be an approval of the violation or modification of any provisions of City ordinances, codes, subdivision restrictions of State law or be a waiver by the City of such violation. Alteration changes or deviations from the plans authorized by this permit is unlawful without written authorization from the Building Inspection Department. The applicant hereby agrees to comply with all City ordinances, codes, subdivision, restrictions and State laws and assume all responsibility for such compliance. It is understood that the improvements shall not be occupied until a Certificate of Occupancy has been issued. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance or if the work authorized by such permit is suspended or abandoned for six months after the time of work is commenced. This permit is good for one year only.

PRINT (AUTHORIZED AGENT/OWNER)

SIGNATURE

DATE