



# City of Poteet

491 Avenue H/PO Box 378

Poteet, TX 78065

PH (830) 742-3574 X105 FAX (830) 742-8747

## COMMERCIAL PERMIT APPLICATION

OFFICE USE ONLY Date Received:  Initials:
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OFFICE USE ONLY Reviewed by:  Approval Date:  Permit Number:
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Fill out this form completely, supplying all information and documentation to support your request, including but not limited to: **a copy of your contract; site plan; construction plans; and an Asbestos Survey**, in accordance with the Texas Department of State Health Services and Texas Asbestos Health Protection Rules. **Your application will not be accepted until the application is complete and all required information is provided to the City.**

PROPERTY ADDRESS	PROPERTY BUSINESS NAME
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<b>PROPERTY OWNER INFORMATION</b>
NAME _____
PHYSICAL ADDRESS _____
MAILING ADDRESS _____
PHONE NUMBER _____

<b>BUSINESS OWNER INFORMATION (IF DIFFERENT FROM PROPERTY OWNER)</b>
NAME _____
PHYSICAL ADDRESS _____
MAILING ADDRESS _____
PHONE NUMBER _____

<b>PROPOSED COMMERCIAL BUSINESS INFORMATION</b>	BUILDING SQUARE FEET
	NUMBER OF UNITS

STATE TAX IDENTIFICATION
OCCUPANCY TYPE

NATURE OF BUSINESS
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**BUILDING PERMIT INCLUDING TRADE PERMIT**

NEW  REMODEL

**DESCRIPTION OF WORK BEING DONE**

ALL WORK WILL REQUIRE PLANS TO BE SUBMITTED AND REVIEWED BEFORE A PERMIT IS ISSUED. THE CITY HAS UP TO 7 DAYS TO REVIEW PLANS AND THIS APPLICATION BEFORE A PERMIT IS ISSUED OR PLANS SENT BACK FOR CORRECTION.

**DEMOLITION**

FULL  PARTIAL

**DESCRIPTION OF DEMOLITION**

**ROOFING**

SHINGLES  METAL  TAR  OTHER

**DESCRIPTION OF ROOFING**

**CERTIFICATE OF OCCUPANCY**

NEW  RENEWAL

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

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

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

**ALARM**

MONITORED  AUDIBLE

**ALARM COMPANY INFORMATION**

COMPANY NAME \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

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

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

**FENCE**

HEIGHT \_\_\_\_\_ MASONRY/WALL YES  NO

**CURB CUT**

YES  NO

**STREET CUT**

YES  NO

**CONTRACTOR AND SUBCONTRACTOR INFORMATION**

CONTRACTOR \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ LICENSE # IF APPLICABLE \_\_\_\_\_

ELECTRICAL CONTRACTOR \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ LICENSE # IF APPLICABLE \_\_\_\_\_

PLUMBING CONTRACTOR \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ LICENSE # IF APPLICABLE \_\_\_\_\_

MECHANICAL CONTRACTOR \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ LICENSE # IF APPLICABLE \_\_\_\_\_

OTHER CONTRACTOR \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ LICENSE # IF APPLICABLE \_\_\_\_\_

A permit becomes null and void if work is not commenced within 6 months or if construction or work is suspended, or abandoned for a period of 6 months at any time after work is started. I hereby certify that I have read and examined this document 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. I understand granting of a permit does not presume to give authority to violate or cancel the provisions of any city guidelines, ordinances, codes, state, nor local laws regulating construction or performance of construction.

(SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT)

DATE

**\*\*NOTE: INSPECTION OF PERMITTED WORK MAY REVEAL CODE VIOLATIONS NOT DISCOVERED DURING PLAN REVIEW**

**PERMIT APPLICATION CAN TAKE UP TO SEVEN BUSINESS DAYS TO PROCESS ONCE ALL REQUIRED DOCUMENTS ARE SUBMITTED**