



# COMMERCIAL BUILDING PERMIT APPLICATION

**ALL WORK MUST HAVE A FINAL INSPECTION**

**ANY WORK DONE IN HISTORIC DISTRICT MUST BE APPROVED BY LANDMARK COMMISSION**

**In some cases, it will require up to ten (10) days for plan review before a permit can be issued.**

**FOR OFFICE USE ONLY**

PERMIT FEE: \$ \_\_\_\_\_ PERMIT # \_\_\_\_\_

DATE: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_

WATER TAP FEE: \$ \_\_\_\_\_ SEWER TAP FEE: \$ \_\_\_\_\_

**VALUATION OF WORK (ENTIRE JOB INCLUDING LABOR & MATERIALS):** \$ \_\_\_\_\_

ADDRESS / LOCATION: \_\_\_\_\_ Mount Vernon, Texas

GENERAL CONTRACTOR: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

TAS #: \_\_\_\_\_ THIRD PARTY ENERGY INSP.: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

IS THIS PROJECT: ~~RENOVATION~~ NEW CONSTRUCTION ~~RENOVATION~~ REMODEL/ADDITION ~~RENOVATION~~ DEMOLITION

**WILL YOU BE REQUIRING ANY OF THE FOLLOWING TYPES OF WORK THAT REQUIRE PERMITS?**

- |                                   |                                     |   |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> PLUMBING   | <input type="checkbox"/> DEVELOPMENT PERMIT             |
| <input type="checkbox"/> GAS      | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> NFPA 13R FIRE SPRINKLER SYSTEM |

(DEMOLITION ONLY): I HEREBY CERTIFY THAT AN **ASBESTOS SURVEY** HAS BEEN PERFORMED IN ACCORDANCE WITH THE TEXAS ASBESTOS EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) FOR THE AREA(S) BEING RENOVATED AND/OR DEMOLISHED. IF ASBESTOS IS PRESENT AN ABATEMENT LETTER MUST BE PROVIDED. DEMOLITION BASE FEE \$100.00

**LEGAL DESCRIPTION:** LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ UNIT \_\_\_\_\_

-OR- TRACT \_\_\_\_\_ SECTION \_\_\_\_\_ SURVEY \_\_\_\_\_ ABSTRACT \_\_\_\_\_

**FOUNDATION TYPE:**  PIER/BEAM  SLAB \_\_\_\_\_ OTHER \_\_\_\_\_

**ROOFING MATERIALS:**  COMP  WOOD  TILE  BUILT UP \_\_\_\_\_ OTHER \_\_\_\_\_

**ROOF DESIGN:**  TRUSS  CONVENTIONAL \_\_\_\_\_ OTHER \_\_\_\_\_

**RETAINING WALL:** HEIGHT: \_\_\_\_\_ CONCRETE: \_\_\_\_\_ KEYSTONE: \_\_\_\_\_ OTHER \_\_\_\_\_

**EXISTING SQ. FOOTAGE UNDER ROOF :** \_\_\_\_\_ **SQ. FOOTAGE OF PROPOSED PROJECT:** \_\_\_\_\_

*Affirmation: I certify that expansive or collapsible soil conditions do not exist for this building site or that I will install a roof gutter system that complies with IBC 2015. By signing this application you are verifying all information is correct.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

*City of Mount Vernon*

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