



Phone: 972-524-4832
 Fax: 972-635-2434

305 N. Arch Street
 Royse City, TX 75189

Commercial Permit Application

Building Permit Number: _____	Valuation: _____
Project Name: _____	Square Foot: _____
Project Address: _____	Zoning: _____
Project Description:	
New <input type="checkbox"/>	Addition <input type="checkbox"/>
Remodel <input type="checkbox"/>	Finishout <input type="checkbox"/>
Sign <input type="checkbox"/>	Other <input type="checkbox"/>
Plumbing <input type="checkbox"/>	Mechanical <input type="checkbox"/>
Electrical <input type="checkbox"/>	
Scope of Work: _____	

Owner Information:		
Name: _____	Contact Person: _____	
Address: _____		
Phone Number: _____	Fax Number: _____	Email: _____

Engineer	Contact Person	Phone Number	Email
Architect	Contact Person	Phone Number	Email
General Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Electrical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Plumbing Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
TPO Energy Provider	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

A certificate of occupancy must be issued before any building is occupied.

I hereby certify that I have read and examined this application 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 or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY: Approvals are required from all departments prior to issuance of permit

Public Works	Approved By: _____	Date: _____	Zoning	Approved By: _____	Date: _____
Water/Sewer	Approved By: _____	Date: _____	Building	Approved By: _____	Date: _____

Building Permit Fee: _____
 Water Impact Fee: _____
 Sewer Impact Fee: _____
 Water Deposit: _____
 Water/Sewer Connection: _____

Total Fees: _____
 Receipt #: _____
 Issued Date: _____
 Issued By: _____
 BV Project #: _____