



401 S. Alamo St., Marshall, TX  
 PO Box 698, Marshall, TX 75671  
 P: (903) 935-4455  
 Fax: (903) 935-4409

## Commercial / Multiple Family Permit Application

|                |                              |                                  |                                  |       |  |
|----------------|------------------------------|----------------------------------|----------------------------------|-------|--|
| Permit #:      | _____                        |                                  | Date:                            | _____ |  |
| Plans Provided | <input type="checkbox"/> Yes | <input type="checkbox"/> No      |                                  |       |  |
| Electric:      | <input type="checkbox"/> Reg | <input type="checkbox"/> Not Reg | <input type="checkbox"/> Lic exp |       |  |
| Plumbing       | <input type="checkbox"/> Reg | <input type="checkbox"/> Not Reg | <input type="checkbox"/> Lic exp |       |  |
| Mechanical:    | <input type="checkbox"/> Reg | <input type="checkbox"/> Not Reg | <input type="checkbox"/> Lic exp |       |  |
| General:       | <input type="checkbox"/> Reg | <input type="checkbox"/> Not Reg | <input type="checkbox"/> Lic exp |       |  |

**THIS APPLICATION IS FOR A COMMERCIAL OR MULTIPLE BUILDINGS**

Incomplete application and/or submittal will delay the review process.

**THREE FULL SETS OF PLANS ARE REQUIRED TO BE SUBMITTED**

**A Certificate of Occupancy Application shall be submitted in conjunction with New, Addition, or Tenant Finish Out applications.**

---

|                              |  |                                  |  |                                |
|------------------------------|--|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> <b>Commercial</b><br><input type="checkbox"/> Tenant Finish Out | <input type="checkbox"/> Remodel | <input type="checkbox"/> <b>Multiple Family</b><br><input type="checkbox"/> Addition | <input type="checkbox"/> Shell |
|------------------------------|--|----------------------------------|--|--------------------------------|

---

Job Address: \_\_\_\_\_

Property Legal Description: Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Lot Size: \_\_\_\_\_ % of bldg coverage on lot: \_\_\_\_\_

Description of work: \_\_\_\_\_ **Total Valuation of Work \$** \_\_\_\_\_

Use of building: \_\_\_\_\_ Zoning: \_\_\_\_\_

Construction Type \_\_\_\_\_ Occupancy Classification \_\_\_\_\_

Total Square footage of Building: \_\_\_\_\_ Number of stories: Remodel Sq ft: \_\_\_\_\_

Square feet per floor: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Number of units: \_\_\_\_\_

# Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Garage sq. ft.: \_\_\_\_\_ Patio / Porch sq. ft.: \_\_\_\_\_

---

**Contact person:**  Applicant  Property Owner  Contractor  Tenant

Name of applicant \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Property Owner**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Electric**

**Valuation of Work \$** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Plumbing**

**Valuation of Work \$:** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mechanical**

Valuation of Work \$ \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

All property must be properly platted, zoned and all required public improvements installed before a building permit may be issued.

Applicant / Agent Name (PRINT) \_\_\_\_\_

Applicant / Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

---

|   |
|---|
| Has an asbestos survey been performed? <input type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished. |
|---|

**Choose the method of compliance used for plan:**

- Simplified Prescriptive Approach (**fill out remainder of form**) **New Construction Only.**
- Performance Testing Participation in an approved Energy Program. Name of Program (**attach copy of report**)
- Component Performance Approach (**attach COM check report, including envelope, lighting and mechanical compliance report**)

