



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

Commercial / Multi Family Permit Application

Permit #:	_____	
Plans Provided	Yes	No
Date Submitted:	_____	
Date Approved: FD	_____	PZ _____
BI	_____	

TAS Review # _____
 (Projects over \$50,000.00 must obtain Texas Accessibility Standards Permit Number)

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

Approved Provider for dumpster use is mandatory, a \$2,000.00 daily fine will result for violation of ordinance Sec 14-4.

<input type="checkbox"/> New	<input type="checkbox"/> Commercial <input type="checkbox"/> Tenant Finish Out	<input type="checkbox"/> Remodel	<input type="checkbox"/> Multi Family <input type="checkbox"/> Addition	<input type="checkbox"/> Shell
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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: 1st _____ 2nd _____ 3rd _____ 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.

- ✓ **Approved provider for dumpster use is mandatory, a \$2,000.00 daily fine will result for violation of ordinance Sec 14-4.**

Applicant / Agent Name (PRINT) _____

Applicant / Agent Signature _____ Date _____

Has an asbestos survey been performed? NO YES
 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**)

