

THIS APPLICATION NOT REQUIRED IF APPLYING ELECTRONICALLY



**APPLICATION FOR BUILDING PERMIT
Commercial & Multi-Family Projects Only
CITY OF COLLEGE STATION
Planning & Development Services; 1101 Texas Avenue
College Station, TX 77840; 979.764.3570 / 979.764.3496 (Fax)**

For Office Use Only	
Date:	_____
Application No.:	_____
Temp Pole No.:	_____

SUBMIT A SEPARATE APPLICATION FOR EACH INDIVIDUAL BUILDING OR STRUCTURE

Tenant / Business Name: _____

Project Address / Location: _____

Lot: _____ Block: _____ Subdivision: _____ Sec/Phase: _____

Owner Name: _____ Phone: _____

Fax : _____ E-mail : _____

General Contractor Name: _____ Phone: _____

Fax : _____ E-mail : _____

Contact Person for Plan Review Comments: _____ Phone: _____

Fax : _____ E-mail : _____

Is this a new building? Yes No If NO, is existing building equipped with an automatic fire sprinkler system? Yes No

Describe Building / Tenant Space Use: _____

Describe Scope of Work: _____

CHECK ONLY ONE PERMIT TYPE:		*ASBESTOS SURVEY REPORT REQUIRED
<input type="checkbox"/> Accessory / Storage Building	<input type="checkbox"/> New Construction	<input type="checkbox"/> Carport / Patio Cover
<input type="checkbox"/> Addition to Existing Bldg.*	<input type="checkbox"/> New Construction (Commercial Shell Only)	<input type="checkbox"/> Slab Only
<input type="checkbox"/> Demolition Only Permit*	<input type="checkbox"/> New Construction (Commercial Finish-Out)	<input type="checkbox"/> Retaining Wall
<input type="checkbox"/> Remodel / Renovation*	<input type="checkbox"/> New Construction (Multi-Family / Group R)	<input type="checkbox"/> Lawn Irrigation
<input type="checkbox"/> Foundation Only Repair	<input type="checkbox"/> Portable Temporary Storage Container	<input type="checkbox"/> Solar Panels
<input type="checkbox"/> Other _____	<input type="checkbox"/> Swimming Pool or Spa	

Valuation \$ _____ TDLR (TAS) Project Registration Number: EABPRJ _____
(Cost of Labor and Materials)

Total Entire Building Area: _____ sqft Tenant / Heated Area of Project: _____ sqft

<input type="checkbox"/> Septic / Treatment System	No. of Floors / Stories _____	Fire Sprinkler Required per Local IBC?: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Public Sewer Connection	No. of Dwelling Units: _____	If Yes, Check One: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R
Sewer Tap Size: _____	No. of Bedrooms _____	Fire Alarm Required per IBC?: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Water Meter Size: _____	No. of Bathrooms: _____	Foundation Type: _____
<input type="checkbox"/> Other Meter Size: _____	Construction Type: _____	Exterior Wall Type: _____
<input type="checkbox"/> Temp Power Pole	Occupancy Type _____	Interior Wall Type: _____

PLEASE CONTINUE TO PAGE #2 OF THIS APPLICATION TO COMPLETE ADDITIONAL ITEMS, CHECKLIST, AND REQUIRED APPLICANT'S SIGNATURE

Official Use Only

Plans Examiner: _____ Date: _____ Zoning/Planning Official: _____ Date: _____

<input type="checkbox"/> Contractor Registration fee Required \$: _____	ASBESTOS SURVEY SUBMITTED <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<input type="checkbox"/> Parkland Fees PL#: _____ \$: _____	TERMITE TREATMENT REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Impact Fee Zone: \$ _____	SPECIAL INSPECTION SUBMITTED <input type="checkbox"/> Yes <input type="checkbox"/> N/A
	DEVELOPMENT PERMIT REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION FOR BUILDING PERMIT

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Note: Please initial in the boxes below adjacent to each statement to affirm that you have read and understand these requirements.
Applicant's signature is required at the bottom of this page.

- I understand that: The Texas Department of State Health Services (DSHS), 800-572-5548 ext. 2454, regulations require an ASBESTOS SURVEY to be conducted in all commercial and multi-family buildings before performing any renovations, remodel, or demolition work on a regulated structure. Attach a copy of the ASBESTOS SURVEY. www.dshs.state.tx.us/asbestos
- I understand that: The Texas Department of Licensing & Regulations (TDLR) requires all commercial buildings, including common-use amenity facilities of multi-family projects(i.e.Clubhouse)valued at or greater than \$50,000 to register with the Architectural Barriers Program for compliance with Texas Accessibility Standards (TAS). TDLR: 1-800-803-9202, P.O. Box 12157, Austin, TX, 78711; customer.service@license.state.tx.us
PROVIDE TAS PROJECT REGISTRATION NUMBER ON PAGE 1. (If Applicable)
- I have complied with the City of College Station's Ordinance and State Law for required Design Professionals: Architect and Engineer sealed plans (comply with the following):
 - *DESIGN PROFESSIONAL sealed plans per current local International Building Code **AMENDMENT TO SECTION 107.1** (General requirements for Submittal Documents)
 - *ARCHITECT sealed plans per TEXAS BOARD OF ARCHITECTURAL EXAMINERS:
<http://tbae.state.tx.us/Content/documents/LawsEnforcement/ArchRequiredFlowChart.pdf>
 - *ENGINEER sealed plans per TEXAS ENGINEERING PRACTICE ACT:
<http://engineers.texas.gov/downloads/Diagrammatic.pdf>
- I understand that new Commercial and Multi-Family projects and some improvements to existing sites/structures require a separate review of the SITE PLAN by the City of College Station, Planning & Engineering Divisions before a building permit can be issued. The SITE PLAN review application is available on the city website (www.cstx.gov) or at the front counter of the Planning & Development Services Department, City Hall. 1101 Texas Ave. Contact a City Staff Planner, (979)764-3858 to discuss if a SITE PLAN is required.
- I have checked the City of College Station website for the most current [Building Codes](#) version and most current local building code amendments. See link provided for a list of Building Codes and links to Amendments. Plans & Documents shall reflect compliance to the city's current adopted Codes and Amendments.
- I have attached THREE (3) COPIES of complete bound sets of building plans for building plan review. SEE REQUIRED PLAN CHECKLIST BELOW.
- I understand that a FULLY COMPLETED APPLICATION is required to review/approve the Permit in a timely manner. Omission of any information will cause the review to be delayed until the complete information and plans are received.

<p>COMMERCIAL / MULTI-FAMILY PLAN CHECKLIST REQUIREMENTS (3 Copies of each complete set)</p> <ul style="list-style-type: none"> *Site Plan- (for building code compliance review) *Floor Plans- (Comply with Texas Accessibility Standards and ICC / ANSI a17.1 Accessibility Standards) *Include existing floor plans for remodels.* *Exterior Building Elevations and Roof Plan *Life Safety Code, IBC, & Fire Code Compliance Summary *Electrical Plans and Details- (Include Outdoor Light Fixture Specs& Cutsheets) *Structural Plans and Details- (Foundation Plans, Framing Plans & Shear Wall Bracing Design Plans, etc) *Mechanical Plans and Details *Plumbing Plans and Details *Demolition Plan- (For Remodels, Renovations & Demolition) *Special Inspection Statement - Per International Building Code (IBC) Chapter 17 *Energy Code Compliance - (COMcheck Report www.energycodes.gov or by default settings of current INTERNATIONAL ENERGY CONSERVATION CODE). *Foam Insulation - Verification Documents of code compliance with R-Value, Thermal Barrier and Ignition Barrier requirements shall be submitted for review. 	<p style="text-align: center;">Architect - (if required by State or City ordinance)</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p style="text-align: center;">Engineer - (if required by State or City ordinance)</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>TERMITE TREATMENT (for wood framed building) Check One Box:</p> <p><input type="checkbox"/> Chemical Termiticide Soil Treatment</p> <p><input type="checkbox"/> Chemical Termiticide Field Applied Wood Treatment</p> <p><input type="checkbox"/> Physical Barriers</p> <p><input type="checkbox"/> Other</p> <p>VERIFICATION DOCUMENTS OF SUBTERRANEAN TERMITE PROTECTION TREATMENT REQUIRED PRIOR TO FRAMING INSPECTION.</p>
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Signature of Applicant: _____ Date: _____

Applicant Name (Print): _____ Email: _____