

Lake Tawakoni Planning & Zoning

Commercial Permit Application

Building Permit Number: _____	Valuation: _____
Project Name: _____	Square Foot: _____
Project Address: _____	Zoning: _____
Project Description: New <input type="checkbox"/> Addition <input type="checkbox"/> Sign <input type="checkbox"/> Accessory <input type="checkbox"/>	
Other <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"/>
Agent / Other	Contact Person	Phone Number	<input type="checkbox"/>

An approved Site Plan shall expire if development of a lot has not commenced within 2 year of the date of approval and shall be resubmitted for approval prior to construction. All permits require final inspection.

A certificate of final approval 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

Zoning	Approved By: _____	Date: _____	Health	Approved By: _____	Date: _____
Water / Sewer	Approved By: _____	Date: _____	Other	Approved By: _____	Date: _____

Building Permit Fee: _____
Well / Private Sewer Fee: _____
Health Permit: _____

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