



## **COMMERCIAL BUILDING PERMIT CHECKLIST**

### **BUILDING PERMIT REVIEW REQUIREMENTS:**

All documents must be submitted electronically, in pdf format, as listed below online at [www.mygovernmentonline.org](http://www.mygovernmentonline.org).

Partial submittals will not be accepted. If any documents are missing, the application will be marked incomplete and returned for full submittal.

### **NEW COMMERCIAL PERMIT REQUIRED DOCUMENTS:**

- Completed Utility Services Request form
- Completed Industrial Pretreatment Utility Survey
- TDLR
- Com Check
- Asbestos Certification
- Site Plan Approved or Proposed Site Plan with Site Plan Case Number Referenced
- Foundation Plans
- Roof/Floor Truss
- Elevations
- Floor Plans
- Roof Plan
- Wall Sections
- Electrical Plans
- Plumbing Plans
- Mechanical Plans
- Specifications

- **Plan Review Fee of \$100.00 due upon acceptance of application**
- **Please allow 2-4 weeks for initial comments to be issued for your building plans review**
- **All comments will be issued through [www.mygovernmentonline.org](http://www.mygovernmentonline.org)**

Please contact the Utility Dept. at 512-756-6093 to set up utility accounts and pay deposits

For additional questions concerning your building project, please contact the Building Dept. at  
512-715-3206



## COMMERCIAL BUILDING PERMIT APPLICATION GUIDELINE

**\*\* ALL APPLICATIONS MUST BE SUBMITTED ONLINE AT WWW.MYGOVERNMENTONLINE.ORG \*\***

<input type="checkbox"/>	<b>Completed Utility Service Request form</b> (attached below)
<input type="checkbox"/>	<b>Completed Industrial Pretreatment Utility Survey</b> (attached below)
<input type="checkbox"/>	<b>Proof of TDLR Registration</b> with the Texas Department of Licensing and Regulation Architectural Barriers Division ( <a href="http://www.tdlr.texas.gov/ab/ab/htm">www.tdlr.texas.gov/ab/ab/htm</a> ), including project registration number (State Law) if project valuation exceeds \$50,000.
<input type="checkbox"/>	<b>Asbestos Survey or Designer's Asbestos Inspector's Certification</b> – pursuant to Senate Bill 509 for all demolition work and commercial building remodel. For more information, please visit <a href="https://www.dshs.state.tx.us/asbestos">https://www.dshs.state.tx.us/asbestos</a>
<input type="checkbox"/>	<b>Proof of Energy Code Compliance</b> – pursuant to Senate Bill 5 (77 <sup>th</sup> Texas Legislature) Demonstrate compliance with the 2015 International Energy Conservation Code through calculations in a tabular format or through submittal of a COMMCheck report ( <a href="http://www.energycodes.gov">www.energycodes.gov</a> )
<input type="checkbox"/>	<b>Site Plan</b> – approved copy of Site plan or copy of submitted site plan with case number referenced. Building plans will not be approved prior to site plan approval
<input type="checkbox"/>	<b>Roof/ Floor Truss Load Diagrams</b> – and/or a framing plan showing size, layout, spacing and span of framing members. Provide species and grade information on all wood-framing members
<input type="checkbox"/>	<b>Foundation Plans</b> – with soil analysis indicative of design in accordance with site conditions. All forms of anchors/connectors and all reinforcing are to be shown. All foundation plans must be sealed by a Professional Engineer.
<input type="checkbox"/>	<b>Elevations</b> – showing all windows, (temp. glass in hazardous locations) doors, and any other architectural features significant to exterior design. Building height is to be indicated as well as finished floor elevations. Location of attic ventilation is to be shown, if located on exterior wall.
<input type="checkbox"/>	<b>Floor Plan</b> – showing dimensions and indications of all wall types and locations of windows, doors and any opening protective requirements. Individual spaces must be identified. Show the location of all plumbing fixtures and demonstrate compliance with application accessibility standards. Include seating and other fixed equipment layout.
<input type="checkbox"/>	<b>Roof Plan</b> – location of equipment and any smoke venting requirements as may be mandated for specific occupancies
<input type="checkbox"/>	<b>Wall Sections</b> – Walls, floors, and roof structures sufficient to indicate the scope of work and all structural element sizes and bearings. Provide window, door and hardware schedules. Provide UL classification numbers if required to be fire rated.
<input type="checkbox"/>	<b>Electrical Plans</b> – outlets, fixtures, receptacles, switch legs, and raceways. Hazardous or non-hazardous locations, reflective ceiling plan, emergency lighting, and exit sign locations (signs must be located over doors and at change of direction in the path of travel). Smoke and heat detectors. Service entrance location and size shall be indicated. Load analysis. GFCI locations per 2014 Electrical Code. Provide an electrical service equipment riser diagram.
<input type="checkbox"/>	<b>Plumbing Plans</b> – Schematic floor plans with DWV and water line sizes indicated, riser diagrams, plumbing fixture schedules and minimum facility requirements. Note The requirement that all floor drains in public and commercial restroom facilities must have trap primers.
<input type="checkbox"/>	<b>Mechanical Plans</b> – layout, sizing and classification of ductwork and location of makeup air as may be required. Provide mechanical equipment schedules showing all equipment and air handler ratings in CFM, BTUH, KW, etc. Indicate method of automatic fan shutdown, where required. Identify locations and types of dampers when required through fire or smoke rated assemblies

# REQUEST FOR UTILITY SERVICES

PROJECT LOCATION:	DATE:
CUSTOMER NAME:	PHONE NUMBER:

## ELECTRICAL SERVICE

STANDARD ELECTRIC TAP FEE: \$450.00

NON-STANDARD TAP FEE: COST CALCULATED BASED ON UNIT COST AT TIME OF APPLICATION

REQUESTED SERVICE VOLTAGE					
120/208 _____	120/240 _____	277/480 _____	OTHER _____	SINGLE PHASE _____	THREE PHASE _____
MAIN PANEL SIZE _____		AMPS _____		SQUARE FOOTAGE _____	
EXISTING _____	ADDITION _____		NEW _____		
REMARKS: _____					

\*I CERTIFY THE LOADS LISTED AND SERVICE INFORMATION SUPPLIED ARE COMPLETE AND CORRECT. ANY SIGNIFICATE CHANGE FROM THIS LOAD SHEET SHALL BE SUPPLIED IN WRITING PRIOR TO THE CONSTRUCTION OF THIE SERVICE.

CONTRACTOR/OWNER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE

## WATER/ WASTEWATER SERVICE

STANDARD WATER TAP FEE: \$525.00

STANDARD WASTERWATER TAP FEE: \$500.00

NON-STANDARD TAP FEE: COST ESTIMATE TO BE PROVIDED PRIOR TO ISSUANCE OF PERMIT

*INDICATE REQUEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WATER	WATER	WATER	WATER	WATER
METER SIZE	5/8"	¾"	1"	1 ½"	2"
IMPACT FEE	\$1084.50	\$1084.50	\$1811.12	\$3611.39	\$5780.39
	SEWER	SEWER	SEWER	SEWER	SEWER
IMPACT FEE	\$1173.00	\$1173.00	\$1958.91	\$3906.09	\$6252.09
<b>TOTAL IMPACT FEE</b>	<b>\$2257.50</b>	<b>\$2257.50</b>	<b>\$3770.03</b>	<b>\$7517.48</b>	<b>\$12,032.48</b>

AS THE GENERAL CONTRACTOR/AGENT/OWNER OF THE PROPOSED PROJECT HEREIN DESCRIBED, I HAVE BEEN A PARTICIPANT IN THE DISCUSSIONS CONERCERNING UTILITY SERVICE REQUIREMENTS FOR THIS PROJECT, BOTH IMMEDIATE AND FOR THE FUTURE. IT IS UNDERSTOOD THAT THE LOCATION OF METERING EQUIPMENT IS AT THE SOLE DISCRETION OF THE CITY OF BURNET.

CONTRACTOR/OWNER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE

THE MATERIALS AND COSTS ASSOCIATED FOR THIS PROJECT ARE ESTIMATED AND MAY CHANGE DEPENDANT ON ACTUAL FIELD CONDITIONS. ALL ESTIMATED COSTS MUST BE PAID PRIOR TO CONSTRUCTION STARTING. ALL REMAINING FEES, BASED ON FINAL COSTS, MUST BE PAID IN FULL PRIOR TO ANY UTILITIES BEING CONNECTED TO THE PROPERTY.



## INDUSTRIAL PRETREATMENT UTILITY CONNECTION SURVEY

### A. User Site Information:

1. Facility Name: \_\_\_\_\_
2. Physical Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. City, State, Zip Code: \_\_\_\_\_
5. Business Telephone: \_\_\_\_\_
6. Site Contact: \_\_\_\_\_
7. E-Mail address: \_\_\_\_\_

### B. Description of Activities:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Food                   | <input type="checkbox"/> Equipment Service & Repair    | <input type="checkbox"/> Medical or Dental Office  |
| <input type="checkbox"/> Machine Shop           | <input type="checkbox"/> Fuel/Vehicle Service          | <input type="checkbox"/> Laundry/Dry Cleaner       |
| <input type="checkbox"/> Carwash                | <input type="checkbox"/> Chemical Mixing or Mfg.       | <input type="checkbox"/> Printing/Photo Processing |
| <input type="checkbox"/> Manufacturing/Assembly | <input type="checkbox"/> Other (please describe) _____ |  |

### C. Description of Water Usage:

1. Will facility connect domestic water directly to any type of equipment or tank?  
 YES       NO
2. Will facility install a backflow prevention assembly?  YES       NO
3. If YES, what type and quantity: RPZ \_\_\_\_\_ DCV \_\_\_\_\_ PVB \_\_\_\_\_ Air gap \_\_\_\_\_
4. Estimated Water Usage: \_\_\_\_\_ <100gpd    \_\_\_\_\_ <1000gpd    \_\_\_\_\_ <10,000gpd

### D. Description of Wastewater:

1. Will facility generate only domestic or sanitary wastewater?       YES       NO  
If NO, please describe: \_\_\_\_\_
2. Will facility install pretreatment unit(s)? (For example: grease trap, sand/grit trap, oil separator, silver recovery, acid neutralization)       YES       NO

### E. Waste Generation and/or Bulk Storage:

1. Will facility generate hazardous or non-hazardous wastes?       YES       NO
2. Are chemicals, hazardous materials or wastes stored in bulk on site?       YES       NO
3. Can bulk liquids or chemicals spill into the sewer system?       YES       NO

### F. Authorized Representative:

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_
2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_