Commercial Application

Date _____ Tax ID #_____

Job address _____ Suite _____ Zip _____

Tenant/business name _____

Business owner name _____ Phone _____ Fax _____

Contact person _____

Is this a new building? _____ Is this an existing building with a new tenant? _____

Describe business/building use _____

Areas: Office _____ sf Warehouse _____ sf

Retail _____ sf Restaurant _____ sf

Manufacturing _____ sf Sanctuary _____ sf

Other _____ sf Total _____ sf

Total number of employees _____ Maximum on-duty day or night _____ (Parking analysis may be required)

Description of work being done _____

Cost of work being done $ _____ TDLR registration number _____

List any materials sold, stored or used by tenant _____

Max. height (ft) at which commodities will be stored _____ Area of storage over 12 ft _____ sf

Is building equipped with an automatic fire sprinkler? Yes ☐ No ☐

Is building equipped with med gas or med vac? Yes ☐ No ☐ License #: _____

General Contractor Company name _____ Carrollton ID# _____
Address _____ Phone no _____

Electrical Contractor Company name _____ Carrollton ID# _____
Address _____ Phone no _____

Mechanical Contractor Company name _____ Carrollton ID# _____
Address _____ Phone no _____

Plumbing Contractor Company name Company name _____ Carrollton ID# _____
Address _____ Phone no _____

Paving Contractor Company name _____ Carrollton ID# _____
Address _____ Phone no _____

Utility Contractor Company name _____ Carrollton ID# _____
Address _____ Phone no _____

ALL APPLICATION FEES ARE NON-REFUNDABLE *All credit card transactions include a 3% Convenience Fee*

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 herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction. The issuance of any permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not.

Applicant printed name _____ Signature _____

Phone _____ Cell _____ Fax _____ E-mail _____

Call when ready _____ *or* Fax _____ *or* Mail to _____

Please provide a stamped, self-addressed envelope

**********Office Use Only**********

Balance due _____ Application # _____

Plan # _____ Tiff # _____ Check # _____

Permit type _____ Cash _____ CC _____ Ph. order ☐

Cash _____ CC _____ Check # _____ Receipt # _____

Receipt # _____

CARROLLTON TEXAS

BUILDING INSPECTION
DEVELOPMENT SERVICES

1945 East Jackson Road, Carrollton, TX 75006 | 972.466.3225 | Fax: 972.466.3220

P.O. Box 110535, Carrollton, TX 75011-0535 | cityofcarrollton.com

Office Hours: Monday – Thursday 7:30 a.m. – 5:30 p.m. Friday 7:30 a.m. – 11:30 a.m.

Application Checklist

Requirements

_____ 2 Sets of plans

_____ Energy compliance certifications (such as Com Checks)

_____ Asbestos report

_____ TDLR number if cost of work is greater than $50,000

Zoning _____ SUP _____ Required parking _____

Type of construction _____ Flood plain? Yes ☐ No ☐

Occupancy _____Sewer fee _____

Use _____

Comments

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