

Date Issued: \_\_\_\_\_

Date Returned: \_\_\_\_\_



# CITY OF DEVINE APPLICATION FOR BUILDING PERMIT FOR NEW COMMERCIAL/BUSINESS CONSTRUCTION



**\*Attach or Submit a PLAT or SURVEY with the proposed building location shown.  
\*You may be required to show proof that an ASBESTOS SURVEY has been conducted before a permit will be issued. See the Code Compliance Department for more information.  
\*Submit a detailed set of PLANS or BLUEPRINTS including, a foundation plan, a floor plan (with electrical & plumbing fixtures), and a site plan (proposed building location on property, location of emergency exits and proposed layout of off-street parking) along with this application.**

Please Print or Type in the following information.

### SITE INFORMATION

Address: \_\_\_\_\_ (If Address is unknown or site is a vacant lot, check with city office for address.)

Legal Description: Lot(s) #: \_\_\_\_\_ Block #: \_\_\_\_\_ Acres: \_\_\_\_\_

Subdivision: \_\_\_\_\_

### SETBACKS

Front Setback: \_\_\_\_\_ ft. Rear Setback: \_\_\_\_\_ ft. Left Side Setback: \_\_\_\_\_ ft. Right Side Setback: \_\_\_\_\_ ft.

Corner Lot: \_\_\_\_\_ (Yes/No) Is site in Flood Plain? \_\_\_\_\_ (Yes/No) **\*If YES, separate Floodplain Development Permit is required.**

### ZONE & USE INFORMATION

Zone: \_\_\_\_\_ (A, B, C, D, E, F, G, H, or I) Group: \_\_\_\_\_ Const. Type: \_\_\_\_\_ Flood Plain Zone: \_\_\_\_\_

Type of Business / Building Use: \_\_\_\_\_

Fire Limits: \_\_\_\_\_ (Primary / Secondary / N/A) Size of Building: \_\_\_\_\_ Square Feet

### OWNER, CONTRACTOR, DESIGNER INFORMATION (Include copies of contractor's Licenses & Proof of Ins.)

Building / Property Owner: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Head Contractor: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Lic. #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Lic. #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Lic. #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Architect ; Engineer ; Designer (Circle one- Person who drew plans. Some buildings must be designed by an architect or engineer.)

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**CONSTRUCTION INFORMATION****FOUNDATION—CONCRETE:**

Engineered: Yes / No                      If yes: Name: \_\_\_\_\_                      Reg. No.: \_\_\_\_\_

Address: \_\_\_\_\_                      Phone: \_\_\_\_\_

Strength: \_\_\_\_\_ PSI                      Average Finished Floor Height above Ground Level: \_\_\_\_\_

Floor Thickness: \_\_\_\_\_                      Floor (Mat) Reinforcement Size &amp; Spacing: \_\_\_\_\_

Exterior Footing Dimensions: \_\_\_\_\_                      Interior Footing Dimensions: \_\_\_\_\_

Describe Footing Reinforcement (Size, Stirrup Spacing, etc.): \_\_\_\_\_

Electrical wiring in slab: \_\_\_\_\_ (Yes/No)                      Plumbing in slab: \_\_\_\_\_ (Yes/No)                      Gas piping in slab: \_\_\_\_\_ (Yes/No)

**FOUNDATION—PIER & BEAM:**

Average Floor Height above ground level: \_\_\_\_\_ in.

Floor Joist: Size \_\_\_\_\_                      Floor Joist Spacing: \_\_\_\_\_

Floor Material: \_\_\_\_\_ (i.e. 3/4" treated plywood, etc.)

Pier Type: \_\_\_\_\_                      Pier Spacing: \_\_\_\_\_

Pier Depth: \_\_\_\_\_                      Piers set in Concrete? \_\_\_\_\_ (Yes/No)

Beam Size: \_\_\_\_\_                      Beam Spacing: \_\_\_\_\_

Skirting: \_\_\_\_\_ (Yes/No)                      Skirting Type: \_\_\_\_\_

**FRAMING:**

Type: \_\_\_\_\_ (Wood, Metal, etc.)

Wall Framing: Size \_\_\_\_\_                      Wall Stud Spacing: \_\_\_\_\_ (ex. 16" O.C.)

Ceiling Joists: Size \_\_\_\_\_                      Ceiling Joist Spacing: \_\_\_\_\_

Rafters: Size \_\_\_\_\_                      Rafter Spacing: \_\_\_\_\_

Roofing Material: \_\_\_\_\_ (Tin, Composite Shingles, etc.)

Insulation Type: \_\_\_\_\_

**ELECTRICAL SERVICE:** Write in the number of each of the following fixtures:

110V Outlets: \_\_\_\_\_                      Switches: \_\_\_\_\_                      Light Fixtures: \_\_\_\_\_                      Ventahood: \_\_\_\_\_

220V Outlets: \_\_\_\_\_                      Motors: \_\_\_\_\_                      HP of Motors: \_\_\_\_\_                      Temporary Meter Loop: \_\_\_\_\_

Appliances: \_\_\_\_\_ (i.e. cooking tops, ovens, range receptacle, clothes dryer, water heater, dishwasher, disposal, heater, etc.)

Permanent Meter Loop: \_\_\_\_\_ (Overhead, Underground, etc.)                      \_\_\_\_\_ Amp Service

**PLUMBING INFORMATION:** Write in the number of each of the following fixtures:

Kitchen Sinks: \_\_\_\_\_                      Lavatory: \_\_\_\_\_                      Water Heater: \_\_\_\_\_                      Drinking Fountain: \_\_\_\_\_

Shower Stall: \_\_\_\_\_                      Bathtub: \_\_\_\_\_                      Commode: \_\_\_\_\_                      Urinal: \_\_\_\_\_

Floor Drain: \_\_\_\_\_                      Washing Machine: \_\_\_\_\_                      Storm Sewer: \_\_\_\_\_                      Sewer Connection: \_\_\_\_\_ Tap required: \_\_\_\_\_

Dishwasher: \_\_\_\_\_                      Sand Trap: \_\_\_\_\_                      Grease Trap: \_\_\_\_\_                      Major Water Line: \_\_\_\_\_ Tap required: \_\_\_\_\_

**GAS SERVICE:** No. of Outlets: \_\_\_\_\_                      Type of Appliances: \_\_\_\_\_                      Tap Required: \_\_\_\_\_**MECHANICAL INFORMATION****ENVIRONMENTAL CONTROL:**

Central Heat &amp; A/C: \_\_\_\_\_ (Yes/No)                      Number of Units: \_\_\_\_\_                      Power Sources: \_\_\_\_\_ (Electricity, Gas.)

Size of System: \_\_\_\_\_                      Heat Pump: \_\_\_\_\_ (Yes / No)

Address: \_\_\_\_\_

**EXHAUST SYSTEMS:** Write in the number of each of the following:

Restroom Vents: \_\_\_\_\_ Commercial Hoods (cooking): \_\_\_\_\_ Clothes Dryers: \_\_\_\_\_

**DUCTS:**

Use: \_\_\_\_\_ Fire detection devices in ducts: Yes / No If yes, No. of devices: \_\_\_\_\_

Duct Diameter: \_\_\_\_\_ Duct Thickness: \_\_\_\_\_ Duct Material: \_\_\_\_\_ Round or Rectangular

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Duct Diameter: \_\_\_\_\_ Duct Thickness: \_\_\_\_\_ Duct Material: \_\_\_\_\_ Round or Rectangular

**REFRIGERATION (Cold Storage other than removable appliances):**

Appliance Type: \_\_\_\_\_ Refrigerant Type: \_\_\_\_\_ Appliance Size: \_\_\_\_\_

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**FIRE PROTECTION / EMERGENCY EGRESS:**

Fire Department Access to 3 sides of building (Min. Width 20 ft.) : Yes / No Fire Lanes to be Marked: Yes / No

Fire Extinguishers No.: \_\_\_\_\_ Type \_\_\_\_\_ (ex. 2A:10B:C) Smoke Detectors: \_\_\_\_\_ Heat Detectors: \_\_\_\_\_

Hood Extinguishers: \_\_\_\_\_ Type: Manual , Automatic Standpipes: \_\_\_\_\_ (Yes/No) Sprinkler System: \_\_\_\_\_ (Yes/No)

Fire Department Connection (FDC): Yes / No If yes, Distance to nearest Fire Hydrant (in feet): \_\_\_\_\_

Number of Exit Doors: \_\_\_\_\_ List Width of each Exit Door (in inches): \_\_\_\_\_

Fire Resistance Rating of Exterior Walls: \_\_\_\_\_ hours Special Equipment: \_\_\_\_\_

**ADDITIONAL FEATURES:** (May require additional permits.):

**PARKING LOT:**

Parking Lot Material: \_\_\_\_\_ Number of Parking Spaces: \_\_\_\_\_ Number ADA Spaces: \_\_\_\_\_

Number of Covered Parking Spaces: \_\_\_\_\_ Framing material: \_\_\_\_\_ Roof Covering: \_\_\_\_\_

If Concrete: Average Thickness: \_\_\_\_\_ Reinforcement Size & Spacing: \_\_\_\_\_

Lighted Parking Lot: Yes / No Number of Building-Mounted Lights: \_\_\_\_\_ Number of Free-Standing Lights: \_\_\_\_\_

Contractor: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Elec. Contractor: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ License: \_\_\_\_\_

**SIGNS:**

Total Number of Business Signs: \_\_\_\_\_ Number of Lighted Signs: \_\_\_\_\_

Number of Freestanding Signs: \_\_\_\_\_; Number of Canopy Signs: \_\_\_\_\_; Number of Building mounted Signs: \_\_\_\_\_

Contractor: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Elec. Contractor: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ License: \_\_\_\_\_

**LAWN IRRIGATION SYSTEMS:**

Lawn Irrigation System: Yes / No Contractor Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ACCESSORY BUILDINGS :**

Intended Use: \_\_\_\_\_ Bldg. Size: \_\_\_\_\_ Foundation material: \_\_\_\_\_

No. of Doors: \_\_\_\_\_ Number of Windows: \_\_\_\_\_ Estimated Appraised Value / Cost: \_\_\_\_\_

Pre-Fabricated / Kit: Yes / No Manufacturer / Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Built: Yes / No Contractor: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrical: Contractor: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ License: \_\_\_\_\_ Phone: \_\_\_\_\_

Plumbing: Contractor: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ License: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER:** (Attach specifications / plans / etc. if available)

Describe Feature / Work: \_\_\_\_\_

Contractor: \_\_\_\_\_ Company: \_\_\_\_\_ License: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT NOTICE**

- There may be delays in the issuance of your permit(s). The City of Devine will work to issue your permits as soon as possible, but must ensure compliance with the City of Devine codes and ordinances. This will also reduce the chances of any problems or delays after construction has begun, which can become costly.
- **PLUMBING PERMITS FOR NEW RESIDENTIAL OR COMMERCIAL PLUMBING WORK REQUIRE APPROVAL BY THE PUBLIC WORKS & UTILITY DEPARTMENTS BEFORE THEY WILL BE ISSUED. APPROVAL MAY TAKE AS LONG AS TWO (2) WEEKS.**
- **SERVICE AVAILABILITY DETERMINATIONS MAY BE REQUESTED BY CONTACTING THE UTILITY DEPARTMENT. THERE IS NON-REFUNDABLE FEE OF \$20.00 PER SERVICE TYPE (I.E. A REQUEST FOR WATER, SEWER, AND GAS AVAILABILITY WOULD BE \$60.)**
- If work requiring a permit is begun before a permit is issued, the permit fee will be DOUBLED.
- Any time structural members are covered before the appropriate inspection is completed and approved, you will be required to remove such covering so that the inspection can be conducted, and/or you may be fined.
- After your permits are issued, please keep a copy of them on the job site to show proof if requested by any city employee, inspector, or police officer.
- Depending on the workload and schedules of the inspectors, an inspection may not be conducted the same day as requested. (Keep this in mind when scheduling concrete.)
- All required re-inspection fees must be paid before a re-inspection will be scheduled.
- Keep in mind that future alterations to the building will, in most cases, require an Asbestos Survey, unless a list is provided from an registered Architect stating that all materials in original construction were free of asbestos. (This generally needs to be done at the time the building is constructed.)

**I, the undersigned, have read the above notice, and state that all of the information contained in this application is true and correct to the best of my knowledge. I understand that the issuance of a permit does not give permission to violate the provisions of any applicable law or ordinance.**

\_\_\_\_\_  
**APPLICANT'S PRINTED NAME**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

Address: \_\_\_\_\_



Address: \_\_\_\_\_