



# CITY OF EMORY

P.O. Box 100 / 399 N. Texas, Emory, Texas 75440 ~ 903-473-2465 / 903-473-2110 fax

## COMMERCIAL BUILDING PERMIT

DATE: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ ZONING: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ SALES TAX ID # \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_ VALUE: \_\_\_\_\_

TOTAL SQUARE FEET: \_\_\_\_\_ Fee: \$200.00 + \$.05 per sq. ft. \_\_\_\_\_

HEIGHT: \_\_\_\_\_ # OF STORIES: \_\_\_\_\_ LOT SQUARE FEET: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

GENERAL CONTRACTOR / PROJECT MANAGER: \_\_\_\_\_ ST. LIC# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLUMBING: \_\_\_\_\_ PHONE: \_\_\_\_\_ ST. LIC # \_\_\_\_\_

HVAC: \_\_\_\_\_ PHONE: \_\_\_\_\_ ST. LIC # \_\_\_\_\_

ELECTRICAL: \_\_\_\_\_ PHONE: \_\_\_\_\_ ST. LIC # \_\_\_\_\_

COOKING:  NO  YES (Grease trap req'd) WATER PROCESS  NO  YES (Back-flow preventer req'd)

*\_\_\_\_\_ AN ADDITIONAL \$ 35.00 WILL BE CHARGED FOR ALL RE-INSPECTIONS*

SITE PLAN ATTACHED:  YES  NO CONSTRUCTION PLANS ATTACHED:  YES  NO

**NOTICE TO APPLICANT:** This permit becomes null and void if work or construction authorized is not connected within 180 days; or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I have carefully read the complete application and know the same is true and correct. I understand the ordinances governing the construction activity described in this application, and agree to comply with all provisions of the city ordinances, State laws, all property restrictions, whether herein specified or not. As the owner of the above property or a duly authorized agent, I hereby grant permission to enter the premises and make all necessary inspections. Permit may be declared void if issued in error.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DL # \_\_\_\_\_ ST.: \_\_\_\_\_

APPROVED: \_\_\_\_\_ FEES PAID: CASH CHECK