



COMMERCIAL BUILDING PERMIT APPLICATION

City Code of Ordinances Chapter 14 Development Services Section 14.231. Building code. (8)

Application Type:

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Site Work Only | <input type="checkbox"/> New Construction | <input type="checkbox"/> Tenant Finish-Out | <input type="checkbox"/> Accessory |
| <input type="checkbox"/> Shell Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Remodel | |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> General Repair | <input type="checkbox"/> Certificate of Occupancy | |

DEVELOPMENT SERVICES
 2406 LEOPARD STREET
 CORPUS CHRISTI, TX 78408
 (361) 826-3240
 (361) 826-4375 (FAX)
PermitRequests@cctexas.com

Project Name: _____

Project Address: _____

Subdivision: _____ LT _____ BLK _____

Property Tax ID _____ - _____ - _____

Previous Use: _____ Proposed Occupancy Type: _____ Construction Type: _____
 (TYPE I-A, I-B, II-A, II-B, III-B, IV, V-A, V-B etc.)

Sprinkler System: YES NO

Fire Alarm: YES NO

Platted Property: YES NO

property must be platted to issue building permit

Description of work in detail:

Area of Work	Project Cost
1 ST Floor Sq. Ft.	Building:
2 ND Floor Sq. Ft.	Mechanical:
3 RD Floor Sq. Ft.	Electrical:
4 TH Floor Sq. Ft.	Plumbing:
Total Square Footage:	Total Project Cost:

(Include additional floors on a separate sheet)

1. EAB #: _____
 Accessibility: Texas Department of Licensing and Regulation requires an EAB (Elimination of Architectural Barriers) Project# for all PROJECTS greater than or equal to \$50,000. (Website: www.tdlr.state.tx.us)

2. Effective January 10, 2012-Section 14-231. Building code. (19) 107.1.1 Texas Department of Health Requirements. (Asbestos surveys required for renovations and demolitions) Ordinance # 029343

- ASBESTOS SURVEY PROVIDED
 DOES NOT APPLY

Names	E-Mail	Address, City, Zip	Phone #
CONTRACTOR:			
PROJECT CONTACT:			
OWNER:			
ARCHITECT / ENGINEER / DESIGNER:			
CITY PROJECT MANAGER:			
ENERGY COMPLIANCE INSPECTOR: (NEW & ADDITIONS)			
ENERGY COMPLIANCE OPTION TO BE UTILIZED:	<input type="checkbox"/> PRESCRIPTIVE ANALYSIS <input type="checkbox"/> PERFORMANCE ANALYSIS		
COMMISSIONING AUTHORITY:			
WINDSTORM COMPLIANCE OPTION TO BE UTILIZED:	WP1-1 (NEW BUILDINGS AND ADDITIONS) WPI-3 (ALTERATIONS TO EXISTING STRUCTURES)		

Please provide Company Name and Contact Person for each field

Print Signature Name _____

Phone Number _____

Signature of Contractor or Authorized Agent _____

Date _____

Signature of Owner (If Owner is Builder) _____

Date _____

Office Use:

Permit #: _____ Expedited: YES NO

Staff Initials: _____ Intake Date: _____