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| Project Title: | | | |
| Project Address: | | | |
| Legal Description: | | | |
| Property ID No.: | | | |

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|-----------------------|---|---|---|---|
| Project Type: | <input type="checkbox"/> New Construction | <input type="checkbox"/> Remodel/Addition | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Demolition |
| | <input type="checkbox"/> Other (Specify): _____ | | Disposal Location: _____ | Account # _____ |
| Work Includes: | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Fire Protection and/or Fire Alarm System |

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|------------------------------------|---|---------------------------------------|-----------------------------------|----------------------------------|
| Description of Work: | | | | |
| Commercial Use of Building: | <input type="checkbox"/> Factory | <input type="checkbox"/> Food Service | <input type="checkbox"/> Business | <input type="checkbox"/> Storage |
| | <input type="checkbox"/> Other (Specify): _____ | | | |

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| Building Area (Sq. Ft. Under Roof): | Construction Valuation (Building Only-All Trades Inclusive): |
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|--|---------------------------------------|---|--------------------------------------|--|
| Needed Permits: | | | | |
| <input type="checkbox"/> All Electrical | <input type="checkbox"/> All Plumbing | <input type="checkbox"/> All Mechanical | <input type="checkbox"/> Landscaping | |
| <input type="checkbox"/> Commercial Addition/Remodel | <input type="checkbox"/> Curb Cut | <input type="checkbox"/> Sign | | |

THE FOLLOWING MUST BE SUBMITTED WITH A BUILDING PERMIT APPLICATION:

- TDLR Registration. Required if your project valuation is \$50,000 or more. The Texas Department of Licensing and Regulation Architectural Barriers Division requires registration of these projects. The City of Plainview must verify that this has been done before a permit is issued. Projects of less than \$50,000.00 valuation are not required to register with TDLR, though compliance with applicable accessibility laws is still required. See Texas Accessibility Standards at <http://www.license.state.tx.us/ab/abrules.htm> for more information. You will need to complete Part II of the Asbestos and Architectural Barriers Act Statement Form to certify compliance.
- Proof of Energy Code Compliance: Demonstrate compliance with the 2015 International Energy Conservation Code through a submittal of a COMCHECK report. Free download software necessary to generate this report is available at the Dept. of Energy website: <http://www.energycodes.gov>

(Please Note: Building Services Department require three hard copies of plans submitted with all Architect and/or Engineer set of stamps.)

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|---|-------|----------------|------|
| Property Owner: | | | |
| Address: | City: | State: | Zip: |
| E-mail Address: | | Telephone No.: | |
| Architect or Engineer: | | | |
| Address: | City: | State: | Zip: |
| E-mail Address: | | Telephone No.: | |
| Contractor: Registered with City | | | |
| Address: | City: | State: | Zip: |
| E-mail Address: | | Telephone No.: | |

NOTICE

Separate permits are required for electrical, plumbing, heating, ventilating or air conditioning. This permit becomes null and void if work or construction is suspended or abandoned for a period of 180 days at any time after work is commenced. 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 other state or local law regulating construction or the performance of construction.

Signature

Date

For Office Use Only:

| | | |
|--|--------------------------------------|---|
| For Office Use Only: | | |
| Application Accepted By: | Plans Checked By | Approved for Permit By |
| Date: | Date: | Date |
| Plan Check Fee: | | Permit Fee: |
| Type of Const.: | | Zoning District: |
| Occupancy Class: | Max. Occupancy Load (if applicable): | Fire Sprinklers Required: Yes or No |
| No of Dwelling Units (if applicable): | No. of Rooms | No. of Bathrooms or Restrooms: |
| Electrical Plans Checked By: | | Plumbing Plans Checked By: |
| Mechanical Plans Checked By: | | Fire Protection or Fire Alarm System Plans Checked By: Date: |
| TDLR Registration # (if required) | | Asbestos Survey (if required): Yes or No |
| Proof of Energy Code Compliance (if required): ResCheck Form or ComCheck Form | | Engineered or Architect Plans: Yes or No |
| <p>Verify disposal account: (required)</p> <p>Account via utility billing: <input type="checkbox"/></p> <p>Contractor account <input type="checkbox"/></p> <p>Account Number: _____</p> | | |