

COMMERCIAL BUILDING PERMIT APPLICATION

CITY OF GARLAND, P. O. BOX 469002, 800 MAIN STREET
 GARLAND, TX 75046-9002
 OFFICE (972) 205-2300 FAX (972) 205-2839

CASE #: _____ <http://www.garlandtx.gov>

PRE-SUBMITTAL DETERMINATION: If the project has been through pre-submittal meeting, input CASE # at top of form. A pre-submittal meeting is required if the project involves any of the following: Zoning change, platting or subdividing property, new structures, house conversion to non-residential, land disturbance > than 5,000 sq feet, new parking lot, expansion or rehabilitation of existing parking lot, new water or sewer tap; **A PERMIT APPLICATION CANNOT BE ACCEPTED UNTIL AFTER THE PRE-SUBMITTAL MEETING.**

CONTACT PERSON: _____ CONTACT PHONE: _____

CONSTRUCTION ADDRESS _____

SUBDIVISION _____ LOT# _____ BLOCK# _____

DESCRIBE WORK BEING DONE: _____

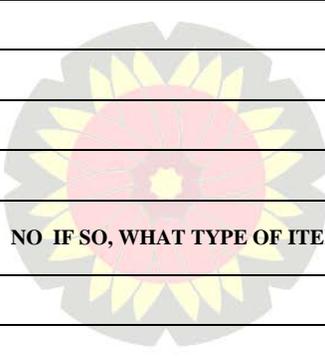
GENERAL CONTRACTOR _____ PHONE _____

ELECTRICAL CONTRACTOR _____ PHONE _____

MECHANICAL CONTRACTOR _____ PHONE _____

PLUMBING CONTRACTOR _____ PHONE _____

DOES YOUR PERMIT INCLUDE A RETAIL USE? YES NO IF SO, WHAT TYPE OF ITEMS DOES YOUR BUSINESS SELL (PLEASE BE SPECIFIC):



WORK BEING DONE	PROJECT INFORMATION	UTILITY INFORMATION
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION	PROJECT _____ SQ. FT.	ELECTRIC <input type="checkbox"/> GP&L <input type="checkbox"/> TXU
<input type="checkbox"/> NEW BUILDING (SHELL ONLY) <input type="checkbox"/> REMODEL	VALUE\$ _____	GAS IN BUILDING <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> INTERIOR COMPLETION <input type="checkbox"/> OTHER _____	FIRE SPRINKLER <input type="checkbox"/> YES <input type="checkbox"/> NO	See Reverse Side for add'l information WATER METER SIZE

NOTICE TO APPLICANT This permit is issued on the basis of information furnished in this application and on any submitted plans and is subject to the provisions and requirements of the City of Garland Code of Ordinances and any other applicable ordinances of the City, regardless of information and/or plans submitted. The permit holder is required to use only subcontractors licensed, registered, or bonded by the City of Garland where such a requirement is applicable.

APPLICANT IS:	PRINT NAME _____
<input type="checkbox"/> AGENT FOR BUSINESS	SIGNATURE _____ DATE _____
<input type="checkbox"/> GENERAL CONTRACTOR	DL# _____ EXP. DATE _____ D.O.B. _____

↓ OFFICE USE ONLY ↓

SPECIAL INSTRUCTIONS:

ZONING	OCCUPANCY	CONSTRUCTION TYPE
REVIEWED BY		DATE

PERMIT #: _____	DATE RECEIVED: _____
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**WATER METER RELEASE AND COMMERCIAL UTILITY SERVICE APPLICATION
FOR NEW COMMERCIAL CONSTRUCTION**

Address of Building:			Zip:	
General Contractor Name (legal name as recorded with Texas Secretary of State, or DBA as recorded with Dallas County, or business owner's name):				
State Tax ID No:		Federal Tax ID No:		
Billing Address (must be different from Business Address):				
Home Phone:		Office:		Cell:
The following is required if account is not in the name of an incorporated business				
Driver License No./State		Date of Birth:		Social Security No.:
# of Meters	Meter Size	Cost of each Meter	Water Impact Fee (per meter)	Type of Meter
	5/8"	\$150.00	\$25.00	# _____ Domestic/ _____ Irrigation
	3/4 "	\$180.00	\$27.50	# _____ Domestic/ _____ Irrigation
	1"	\$200.00	\$35.00	# _____ Domestic/ _____ Irrigation
	1 1/2"	\$260.00	\$45.00	# _____ Domestic/ _____ Irrigation
	2"	\$700.00	\$72.50	# _____ Domestic/ _____ Irrigation
	3"	\$1,370.00	\$275.00	# _____ Domestic/ _____ Irrigation
	4"	\$1,895.00	\$350.00	# _____ Domestic/ _____ Irrigation
	6"	\$3,055.00	\$525.00	# _____ Domestic/ _____ Irrigation
I understand that this release is not approval for water meters to be set immediately. Meters can be set upon approval of the project's ENGINEERING inspector. This information is collected to facilitate the installation of WATER meters on new commercial construction jobs. Completion of this form establishes a utility billing account. A utility deposit equal to the estimated cost of 60 days of service will be charged on the first monthly bill.				
Signature of Construction Agent:			Date:	
↓For Office Use Only↓				
Release Approved by Building Inspection:			Date Approved	
Total amount paid for meters & impact fees:			Permit Number:	
CSR:		Date:		<input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Spk
Account No:		Location No:		Deposit: \$