



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.ci.garland.tx.us>

PLEASE PRINT FIRMLY – FILL IN ALL BLANKS

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 5000 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# _____

PROPOSED NAME OF BUSINESS / USE OF BUILDING _____

GENERAL CONTRACTOR _____ PHONE _____

ELECTRICAL CONTRACTOR _____ PHONE _____

MECHANICAL CONTRACTOR _____ PHONE _____

PLUMBING CONTRACTOR _____ PHONE _____

DESCRIBE WORK BEING DONE _____

WORK BEING DONE	PROJECT INFORMATION	UTILITY INFORMATION
___ NEW BUILDING ___ ADDITION	PROJECT _____ SQ. FT.	ELECTRIC ___ GP&L ___ TXU
___ NEW BUILDING (SHELL ONLY) ___ REMODEL	VALUES _____	GAS IN BUILDING ___ YES ___ NO
___ INTERIOR COMPLETION ___ OTHER _____	FIRE SPRINKLER ___ YES ___ NO	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: ___ HOMEOWNER ___ GENERAL CONTRACTOR	PRINT NAME _____	
	SIGNATURE _____	DATE _____
	DL# _____	EXP. DATE _____
		D.O.B. _____

OFFICE USE ONLY

BUILDING PERMIT	
ELECTRICAL	
PLUMBING	
MECHANICAL	
FENCE PERMIT	
ROADWAY IMPACT	
WATER IMPACT	
OTHER	
TOTAL	

ZONING	OCCUPANCY	CONSTRUCTION TYPE
		DATE
		REVIEWED BY

SPECIAL INSTRUCTIONS:

PERMIT #: _____ DATE RECEIVED: _____