



**“A Team Working to Serve You”
Department of Transportation
Commercial Permit Application**

Application Date _____ **Receipt #** _____ **Tax Acct. #** _____

**APPLICANT MUST APPLY WITH WARRANTY DEED (OR DEED OF CONTRACT) AND TAX STATEMENT
YOUR APPLICATION IS VALID FOR SIX (6) MONTHS. NO EXTENSIONS, RE-APPLY REQUIRED**

1. Owner's Name _____ Phone _____

2. Owner's Mailing Address _____

3. Name of Applicant _____ Phone _____

4. Name of Project _____

Address of Project _____

General Contractor _____ Phone _____ Fax _____

5. Describe Proposed Work _____

6. What will be the end use of the property and facility _____

7. Legal description of property where construction is proposed

Subdivision Name _____ Block _____ Lot _____

Site Address _____

- The foregoing is a true and correct description of the improvement proposed by the undersigned applicant, and the applicant states that he/she will have full authority over construction of same.
- Alterations, changes or deviations from the plans authorized by this permit are unlawful without written authorization from the Building Official.
- The applicant hereby agrees to comply with all Building Codes, and State laws and assumes all responsibility for such compliance.
- It is understood that the improvements shall be occupied until a Certificate of Occupancy has been issued.

Signature of Authorized Agent/Owner

Date

FOR OFFICE USE ONLY: _____ Flood Zone _____ Panel Number/Suffix _____ Community No.480101

Certification of elevation required: Yes No _____ BFE _____ Pct. No.

Setbacks: Front Side Rear Corner Lot

Provided:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Floor Plan | <input type="checkbox"/> Septic Tank Permit | <input type="checkbox"/> Water Availability | <input type="checkbox"/> Windstorm Certificate |
| <input type="checkbox"/> Electrician's License | <input type="checkbox"/> Plumber's License | <input type="checkbox"/> Mechanical License | <input type="checkbox"/> Windstorm Plan |
| <input type="checkbox"/> Property Survey | <input type="checkbox"/> Comm. Check | <input type="checkbox"/> Site Inspection | <input type="checkbox"/> Elevation Certificate |
| <input type="checkbox"/> Assumed Name Certificate | <input type="checkbox"/> Drainage Plan | <input type="checkbox"/> TDLR | <input type="checkbox"/> FM |

Estimated Cost of Construction: \$ _____

Permit Fee: \$ _____

Fine: \$ _____

Total \$ _____

Approved by Building Official

Date