

COMMERCIAL BUILDING PERMIT CHECK LIST

BUILDING PERMIT REVIEW REQUIREMENTS:

All documents must be submitted digitally in pdf format merged/combined together, facing the correct direction and bookmarked as listed below on a CD or USB Drive.

ELECTRONIC FILE 1 :

Merge/combine the following files together into **one file**, bookmarked and faced the correct direction. Name the file:

Comm App Address of Permit Request

- Completed New Commercial Building Permit Application
- Completed Electrical Load Analysis Application
- TDLR
- Com Check
- Asbestos Certification

ELECTRONIC FILE 2 :

Merge/combine the following files together into **one file**, bookmarked and faced the correct direction. Name the file:

Plan Review Address of Permit Request

- Cover Sheet
- Site Plan Approved or Proposed Site Plan with Site Plan Case Number Referenced
- Foundation Plans
- Roof/Floor Truss
- Foundation Plans
- Elevations
- Floor Plans
- Roof Plan
- Wall Sections
- Electrical Plans
- Plumbing Plans
- Mechanical Plans

ELECTRONIC FILE 3 :

- Specifications

APPLICATION FEE OF \$150.00

***If requirement is not applicable, please do not check off**

****Building Plan Review takes thirty (30) business days for initial comments to be issued.**

*****All Building Comments will be issued through www.mygovernmentonline.org**

COMMERCIAL BUILDING PERMIT APPLICATION GUIDELINE

<input type="checkbox"/> Completed Building Permit Application
<input type="checkbox"/> Completed Georgetown Electric Load Analysis Application
<input type="checkbox"/> Asbestos Survey or Designer's Asbestos Inspector's Certification pursuant to Senate Bill 509 for all demolition work. For more information, please visit https://www.dshs.state.tx.us/asbestos
<input type="checkbox"/> Proof of TDLR Registration with the Texas Department of Licensing and Regulation Architectural Barriers Division , including project registration number (State Law) if project valuation exceeds \$50,000.00.
<input type="checkbox"/> Proof of Energy Code Compliance pursuant to Senate Bill 5 (77th Texas Legislature) Demonstrate compliance with the 2000 International Energy Conservation Code through calculations in a tabular format or through submittal of a COMMCHK report. www.energycodes.gov
<input type="checkbox"/> Cover Sheet indicating design criteria and code document, specifically but not limited to Building Heights & Areas (Actual vs. Allowed), Construction Type, Occupancy Classifications, Occupant Loads, Exit Capacity and Existing Conditions.
<input type="checkbox"/> Site Plan & Details - Approved Copy of Site Plan or A copy of submitted site plan with site plan case number referenced. For more Site Plan submittal information, please visit https://planning.georgetown.org/site-plan/
<input type="checkbox"/> Roof / Floor Truss Load Diagrams (under seal and signature of a Registered Architect or Professional Engineer) and / or a framing plan showing size, layout, spacing and span of framing members. Provide species and grade information on all wood-framing members.
<input type="checkbox"/> Foundation Plans with soil analysis indicative of design in accordance with site conditions. All forms of anchors/ connectors and all reinforcing are to be shown. All foundation plans must be sealed by a Professional Engineer.
<input type="checkbox"/> Elevations with all windows, (temp. glass in hazardous locations) doors, and any other architectural features significant to exterior design. Building height is to be indicated as well as finished floor elevations. Location of attic ventilation is to be shown, if located on exterior wall.
<input type="checkbox"/> Floor Plans with dimensions and indications of all wall types and locations of windows, doors and any opening protective requirements. Individual spaces must be identified. Show the location of all plumbing fixtures and demonstrate compliance with applicable accessibility standards. Include seating and other fixed equipment layout.
<input type="checkbox"/> Roof Plan showing location of equipment and any smoke venting requirements as may be mandated for specific occupancies.
<input type="checkbox"/> Sections of walls, floors and roof structures sufficient to indicate the scope of work and all structural element sizes and bearings. Provide window, door and hardware schedules. Provide UL classification numbers if required to be fire rated.
<input type="checkbox"/> Electrical plans showing outlets, fixtures, receptacles, switch legs, and raceways. Hazardous or non-hazardous locations, reflective ceiling plan, emergency lighting, and exit sign locations (signs must be located over doors and at change of direction in the path of travel). Smoke and heat detectors. Service entrance location and size shall be indicated. Load Analysis. GFCI locations per 2005 National Electric Code. Provide an electrical service equipment riser diagram.*
<input type="checkbox"/> Plumbing plans schematic floor plans with DWV and water line sizes indicated, riser diagrams, plumbing fixture schedules, and minimum facility requirements. Note the requirement that all floor drains in public and commercial restroom facilities must have trap primers.*
<input type="checkbox"/> Mechanical plans showing layout, sizing and classification of ductwork and location of makeup air as may be required. Provide mechanical equipment schedules showing all equipment and air handler ratings in CFM, BTUH, KW, etc. Indicate method of automatic fan shutdown, where required. Identify locations and types of dampers when required through fire or smoke rated assemblies.*

*Engineered electrical plans are required for installations greater than \$50,000.00

*Engineered plumbing plans are required for installations greater than \$50,000.00

*Engineered mechanical plans are required for installations greater than \$50,000.00



COMMERICAL BUILDING PERMIT APPLICATION

Project Address:			Zip Code:	<input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits (ETJ)	
Subdivision:		Section:	Block:	Lot:	
Current Zoning:	Overlay District:	Date of Pre-Application Mtg:	Approved Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Site Plan or Case#	
Contact Info					
Owner of Property:		Office Phone:	Cell Phone:	Email:	
Mailing Address:		City:		State:	Zip:
Applicant Name:		Office Phone:	Cell Phone:	Email:	
Mailing Address:		City:		State:	Zip:
General Contractor:		Office Phone:	Cell Phone:	Email:	
Mailing Address:		City:		State:	Zip:
Project Information					
Project/Business Name:			Type of Business:		
Details of Project					
<input type="checkbox"/> New Construction <input type="checkbox"/> ETJ – New Construction <input type="checkbox"/> New Multi Family <input type="checkbox"/> Addition <input type="checkbox"/> Shell Only <input type="checkbox"/> Tenant Finish Out <input type="checkbox"/> Remodel					
No. of Stories:	No. of Dwelling Units (for apartments):		Type of Construction:	Occupancy Class:	
Valuation (Must Use Fee Schedule to determine)		TDLR#	*Fire Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Fire Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	*In Flood Plain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Square Footage/Impervious Cover Calculations					
Total Gross Building Floor Area (Sq Ft)	1 st Floor	2 nd Floor	3 rd Floor	Roof Porches/Patios	
Total Impervious Cover (Sq Ft)	Building Footprint:	Flatwork:	Driveways:	Sidewalks:	Other:
Total Lot Area (Sq Ft)	% Bldg Coverage	Max % Bldg Coverage Allowed:	% Impervious Coverage:	Max % Impervious Coverage Allowed:	
Utility Details					
Electrical Provider: <input type="checkbox"/> Oncor <input type="checkbox"/> PEC <input type="checkbox"/> COG	<input type="checkbox"/> Underground or <input type="checkbox"/> Overhead		<input type="checkbox"/> Single Phase or <input type="checkbox"/> Three Phase		<input type="checkbox"/> 0-200 Amps <input type="checkbox"/> 201-400 Amps <input type="checkbox"/> 400 Amp or >
Water Provider: <input type="checkbox"/> COG <input type="checkbox"/> CTSUD <input type="checkbox"/> Jonah	Water Mtr Size: <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2" <input type="checkbox"/> Other:		Irr Water Mtr Size: <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2" <input type="checkbox"/> Other:		Wastewater Provider: <input type="checkbox"/> COG <input type="checkbox"/> Other:
<p>By my signature below I certify that I am the owner or legally authorized agent of the owner for purposes of obtaining the permit requested and all subsequent communications and business related thereto. I further certify that all of the information included above and in accompanying documents is true and complete. I understand that application for a permit and payment of fees does not guarantee approval of a permit, and that if said permit is issued it does not constitute permission to violate any provision of the technical codes governing the work, whether identified pursuant to plan review or not. Any false statement related to this application can render the permit void.</p>					
Signature of Contractor or Authorized Agent			Printed Name		Date
Signature of Property Owner			Printed Name		Date



**Electric Load Analysis
for Commercial Service**

***Inspection Services
Georgetown, Texas***

Date: _____

General Information

Project Name: _____
Project Street Address: _____

Property Owner: _____
Owner Address: _____
City, State, Zip Code: _____
Phone Number: _____ Mobile: _____ Fax: _____
E-mail Address: _____

Agent: _____
Agent Address: _____
City, State, Zip Code: _____
Phone Number: _____ Mobile: _____ Fax: _____
E-mail Address: _____

Construction Site Contact Name: _____
Construction Site Phone Number: _____

Required Information and Submittals

Site Plan and Electrical One Line (AutoCAD format)
(Plans including all Easements and Existing Utilities) _____
Electrical Load Analysis (see attached sheet 2 of 2) _____
Requested Point of Service & City Transformer Location
(Approval by City's Electric Department) _____
Type of Service Overhead or Underground _____
Square Footage of Building _____
Number of Tenants _____
Electric or Gas Heat _____
New Construction or Remodeling _____
Requested Date of Temporary Service _____
Construction Start Date _____

Billing Information

Name and Company: _____
Billing Address: _____
City, State, Zip Code: _____

Note: All information must be provided to the City before City's Electrical design proceeds.

REQUIRED WITH PERMIT

