

COMMERCIAL BUILDING PERMIT CHECK-LIST

PLEASE VERIFY THE FOLLOWING INFORMATION BY PLACING A CHECK MARK BY EACH ITEM.

- 3 SETS OF PLANS SUBMITTED _____
- *** 1 CD OR USB WITH ELECTRONIC SET OF PLANS _____ (EFFECTIVE 1/1/2018)
- LETTER OF DETAIL DESCRIPTION OF USE ON COMPANY LETTERHEAD WITH SIGNATURE
(FOR REMODELS, ADDITIONS & BUILDOUTS ONLY) _____
- COMPLETED APPLICATION _____
- PROJECT DATA SHEET _____
- FLOODPLAIN REVIEW CHECKLIST (IF APPLICABLE) _____
- INDUSTRIAL PRE-TREATMENT QUESTIONNAIRE (IF APPLICABLE) _____
- WATER/WASTEWATER EQUIVALENT CONNECTIONS (IF APPLICABLE) _____
- CRANE INFORMATION FOR PROPOSED CONSTRUCTION (IF APPLICABLE) _____
- ASBESTOS SURVEY (IF APPLICABLE) _____

A copy of the asbestos survey for the area(s) to be renovated/demolished has been included with this permit application. This survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP).

If there is no survey submitted, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Kendleton

For office use only

Processed by: _____ (Date) _____



**CITY OF KENDLETON
Department of Building Safety**

COMMERCIAL BUILDING PERMIT APPLICATION

APPLICATION # _____

VALUATION: \$ _____

PROJECT ADDRESS: _____ SQUARE FOOTAGE: _____

PROJECT NAME: _____

- TYPE OF PERMIT:**
- New Commercial Ground Up (SITE PLAN APPROVAL REQUIRED TO OBTAIN CONSTRUCTION PERMIT)
 - Commercial Build-Out Pool
 - Commercial Addition Driveway/Flatwork Moving/Temporary (\$112.50 flat fee)
 - Commercial Remodel Piers Fencing

A CERTIFICATE OF OCCUPANY (CO) APPLICATION WILL NEED TO BE FILLED OUT PRIOR TO ISSUANCE OF A CO OR TEMPORARY CO

This project will handle or store food for the public, contain food production facilities that can serve large groups or involves installing a walk-in refrigerator &/or freezer.

Exterior Modifications Only: This work DOES DOES NOT lie within the authority of a POA
If it does, you must provide a copy of notification letter sent to the POA

TDLR NUMBER: _____ (If valuation is > \$50,000) Texas Accessibility Standards (ADA 800/803-9202)

| Contractor | Street Address | City | State | Zip Code | Phone |
|------------|----------------|------|-------|----------|-------|
| | | | | | |

| Project Owner | Street Address | City | State | Zip Code | Phone |
|---------------|----------------|------|-------|----------|-------|
| | | | | | |

| Engineer/Architect/Designer | Street Address | City | State | Zip Code | Phone |
|-----------------------------|----------------|------|-------|----------|-------|
| | | | | | |

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 | Printed Name | Company |
|-----------|------|--------------|---------|
| | | | |

| Phone | Fax | Cell | Email |
|-------|-----|------|-------|
| | | | |

PAY BY ESCROW ACCOUNT **Plan Check Fee (Due at time of submittal):** \$ _____
Building Permit Fee: \$ _____

PROJECT DATA SHEET

PROJECT ADDRESS: _____

PROJECT NAME: _____

USE / OCCUPANCY GROUP: _____ MAX. OCCUPANCY: _____
(per IBC Sec. 302) *(per IBC Sec. 1004)*

TYPE OF CONSTRUCTION: _____ FIRE SPRINKLERS: YES / NO
(per IBC Ch. 6) *(Please Circle One)*

TOTAL SQUARE FOOTAGE: _____

ZONING DISTRICT: _____ SIC CODE: _____

DESCRIPTION OF USE & OCCUPANCY:

* PROVIDE A LETTER OF DETAIL DESCRIPTION OF USE FOR BUSINESS AT THIS LOCATION ON COMPANY LETTERHEAD WITH SIGNATURE (FOR REMODELS, ADDITIONS & BUILDOUTS ONLY)

FOR OFFICE USE ONLY

PLAN REVIEWED BY: _____

ZONING / LAND USE VERIFIED BY: _____

APPROVED FOR ISSUANCE BY: _____



**CITY OF KENDLETON
BUILDING PERMIT FLOODPLAIN REVIEW CHECKLIST**

ADDRESS: _____ **APPLICATION NO.:** _____

1. Is the proposed building/ structure located within a special flood-hazard area as shown on the Effective Flood Insurance Rate Map?
() Yes () No

2. Is the proposed building/structure located within a floodway as shown on the Effective Flood Insurance Rate Map (FIRM)?
() Yes () No

3. If you answer yes to either of the above two questions, please complete the City's Floodplain Development Permit Application and include the applicable fee.

4. If you answer no to questions (1) and (2), please provide the following information, only if, the proposed buildings/ structures are located within 500 ft distance from a flood hazard area as shown on the effective FIRM:
 - The distance (ft) of the proposed building/ structure from the effective flood-hazard area boundary:
 - Base-flood elevation (BFE) data in the proximity of the proposed building/ structure (ft):
 - Lowest Finished Floor Elevation of the proposed building/ structure (ft):
 - Natural (undisturbed) Ground Elevation at the site of the proposed building/ structure (ft):
 - Attach Elevation Certificate or Elevation Survey from a Registered Surveyor or a Registered Engineer:

✦ Please ensure that the datum used to report elevation data requested above are consistent (same datum). Otherwise, report datum adjustment factors.

5. Other relevant information

Contact Name & number for Applicant: _____

| | | |
|--|--------------------------------|---------------|
| RECOMMENDATION | | |
| Grant Permit | Request Additional Information | Deny Permit |
| _____ Building Official/ Floodplain Administrator | | _____ Date |



WATER AND WASTEWATER EQUIVALENT CONNECTIONS

| | | | | |
|----------------------------------|--|----------------------------------|--------------------------|-------------------|
| Project Name: | | | | |
| Address: | | City, State, Zip: | | |
| Legal Description: | | | | |
| Previous/Current Use: | Proposed Use: <i>(Refer to the backside for this form)</i> | | Unit of Measure: | |
| Owner's Name: | Address: | | City, State, Zip: | |
| Owner's Contact Person: | Telephone: E-mail Address: | | Fax: | |
| Builder's Name: | Address: | | City, State, Zip: | |
| Builder's Contact Person: | Telephone: E-mail Address: | | Fax: | |
| Square Footage | Sanitary Sewer Lead Size | Water Meter Size (Inches) | | |
| | | Domestic | Fire | Irrigation |

I HEREBY CERTIFY THAT THE DATA PRESENTED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

 Printed Name Owner, Builder or Agent (Signature) Telephone Date

DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

SERVICE AREA NO.: _____

TOTAL FLOW
 DIVIDED BY 315 GPD = _____
 COMPUTED BY: _____

TOTAL EQUIVALENT CONNECTIONS
 DATE: _____

cc: Revenue Officer (Original)
 Owner/Builder

STANDARD SANITARY SEWER USAGE CATEGORIES

Circle the item that most accurately defines your business and fill in the quantity

| <u>INTENDED/PREVIOUS USE:</u> | <u>UNIT OF MEASURE</u> | <u>INTENDED/PREVIOUS USE:</u> | <u>UNIT OF MEASURE</u> |
|---|------------------------|---|------------------------|
| A) Residential Development | | Cleaning Development (con't) | |
| 1. Single Family Residential | # of Units | c. reclaim (wand type) | # Bays |
| 2. Townhouse/Patio/Cluster Homes | # of Units | Commercial w/o reclaim (tunnel type) | # of Bays |
| 3. Duplex/Triplex | # of Units | d. Commercial w/ reclaim (tunnel type) | # of Bays |
| 4. Fourplex | # of Units | Recreational Development | |
| 5. Condominium | # of Units | 1. Theater Indoor | # of Seats |
| 6. Apartment with Washer/Dryer | # of Units | 2. Skating Rink | # Capita |
| B) Institutional Development | | 3. Bowling Alley | # of Lanes |
| 1. Church | | 4. Swimming Pool | # of Swimmers |
| 2. School | | 5. Stadium | # of Seats |
| a. Sanctuary | # of Seats | 6. Health Club/Spa w/Swimming Pool and/or whirlpool | # Member/Day |
| b. Administration Building | # Personnel | | |
| c. Day School Classroom | # Students | 7. Health Club/Spa w/o Swimming Pool and/or whirlpool | # Member/Day |
| 3. Hospital | # Students | | |
| 4. Nursing Home | # of Beds | 8. Racquetball Club | # of Courts |
| 5. Prison | # of Beds | Service Station Development | |
| C) Office/Retail Development | | 1. Station w/service (maximum of 1000 GPD if no car wash) | # of Islands |
| 1. Office Building | # Sq. Ft. | 2. Self Service Station | #Sq. Ft. |
| 2. Retail Store | # Sq. Ft. | Hotel/Motel Development | |
| D) Restaurant Development | | 1. Hotel/Motel (excluding restaurant) | # of Rooms |
| 1. Average Full Service 10-12 Hours | # of Seats | 2. Hotel/Motel (w/kitchenettes) | # of Rooms |
| 2. Twenty Four (24) Hour Full Service | # of Seats | Industrial Development | |
| 3. Tavern or Lounge (No Food Service) | # of Seats | 1. Warehouse | # Sq. Ft. |
| 4. Soda Fountain (Ice Cream Parlor) | # of Seats | 2. Factory w/shower | # Capita |
| 5. Fast Food Paper Plate Service | # of Seats | 3. Factory w/o shower | # Capita |
| 6. Bakery | # Sq. Ft. | 4. Factory Residential | # Capita |
| 7. Pizza Parlor | # of Seats | 5. Industrial Laundry | # Capita |
| 8. Fast Food (No Seating) | # Sq. Ft. | 6. Clothes or Manufacturing | # Sq. Ft. |
| E) Barber/Beauty Shop | # Shampoo Bowls | Transportation Terminal Development | |
| F) Cleaning Development | | 1. Transportation Terminal (excluding restaurants) | # Passenger |
| 1. Washateria (Based on 50 G/Wash and 10Washes/day) | # Machines | Other | |
| 2. Carwash | | 1. Film Processor | # Processor |
| a. Individual Bay, self service w/o reclaim (wand type) | # Bays | 2. Fire Station | # Personnel |
| b. Individual Bay, self service with | | 3. Funeral Homes | # Personnel |
| | | 4. Technicolor One Hour Photo | # of Stores |
| | | 5. Irrigation | gal/yr |
| | | M) Not listed -- call Public Works (281) 275-2450 | |



Insurance Requirements

105.8. *Insurance Required.* As a condition to the issuance of the permit, the Contractor shall submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000 for any one accident and \$300,000 for any one person; and property damage insurance of at least \$50,000 for any one accident and \$1,000 for any one piece of property.

**Proof of insurance can be faxed to
~~Permits & Inspections Department (979) 282-2055~~**



City of Kendleton

2015 INTERNATIONAL ENERGY CONSERVATION CODE **Compliance Procedures**

Plan Review Requirements

The City Kendleton shall require any persons requesting a Building Permit for new construction or a remodel/addition of a structure to submit proof of compliance with the 2015 International Energy Conservation Code.

Approved Method:

Com check Residential Energy Code Compliance Software

1. Provide a Com check Compliance Report and a Com check Inspection Checklist. (Com check software is available free of charge thru the US Department of Energy. www.energycodes.gov)
2. Include with the above information three complete sets of construction drawings. (Include with the drawings)
 - a. A door schedule detailing the Gross Area, U-Factor and the type of each individual door located in the building envelope.
 - b. A window schedule detailing the Gross Area, U-Factor and the type of each individual window located in the building envelope. Note: (The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed 0.4)
 - c. A detail identifying the R-Value of the insulation to be installed in the walls and at the ceiling located in the building envelope.
 - d. Mechanical system design criteria.
 - e. Mechanical service water heating system and equipment type, sizes and efficiencies.
 - f. Economizer description.

- g. Equipment system controls.
- h. Fan motor horsepower (hp) and controls.
- i. Duct sealing, duct and pipe insulation and location.
- j. Lighting fixture schedule with wattage and control narrative.
- k. Location of daylight zones on floor plans.
- l. Air sealing details.

The provisions of this document are not intended to prevent an alternative method of compliance provided the Building Official finds that the proposed method is satisfactory and complies with the intent of the provisions of the 2015 International Energy Conservation Code.

Please feel free to contact our office if you have any questions regarding the above information at (979) 532 -0621.