



CITY OF CASTROVILLE

Little Alsace of Texas

COMMUNITY DEVELOPMENT DEPARTMENT

703 PARIS STREET

CASTROVILLE, TEXAS 78009

PHONE: (830) 931-4090

SUBMIT PERMIT TO: PERMITS@CASTROVILLETX.GOV

Permit # _____ **Commercial Construction Permit Application**

| | | | | | |
|--|--|-----------------------------|-----------------------|-----------------------------|--|
| Valuation: \$ _____ | | Gross Square Footage: _____ | | Zoning: _____ | |
| Project Address: _____ | | | | | |
| IBC Construction Type: _____ | | IBC Use Group: _____ | | Design Occupant Load: _____ | |
| Project Description: <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel/Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Accessory Building | | | | | |
| <input type="checkbox"/> Swimming Pool/Spa <input type="checkbox"/> Irrigation <input type="checkbox"/> Other: _____ | | | | | |
| Detailed Description of Work: _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| Utilities Needed: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> None | | | | | |
| Project in Floodplain: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, a Floodplain Development Permit is required. | | | | | |
| Asbestos Detected: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, removal of asbestos material requires a licensed abatement contractor. | | | | | |
| TDLR-AB Registration: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide registration number: _____ | | | | | |
| APPLICANT / CONTRACTOR | | | | | |
| Business Name: _____ | | | Contact Person: _____ | | |
| Address: _____ | | | | | |
| Phone Number: _____ | | | Email: _____ | | |
| PROPERTY OWNER | | | | | |
| Name: _____ | | | | | |
| Address: _____ | | | | | |
| Phone Number: _____ | | | Email: _____ | | |

| | | | |
|------------------------------|----------------|--------------|---------------------------|
| Mechanical Contractor | Contact Person | Phone Number | Contractor License Number |
| | | | |
| Electrical Contractor | Contact Person | Phone Number | Contractor License Number |
| | | | |
| Plumber/Irrigator | Contact Person | Phone Number | Contractor License Number |
| | | | |

- Must Include if applicable:** Site Plan | Floor Plan | Elevations | COM Check
- Sealed Engineered Foundation Plan | Electrical Plan | Mechanical Plan | Plumbing Plan
- Engineered Foundation Letter (New Construction)

A permit becomes null and void if work or construction authorized is not commenced within 180 days of the date of permit issuance, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require one or more inspections.

A certificate of occupancy must be issued before any building is occupied.

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 or not. No work may begin until proper permits are approved, and all associated fees have been paid.

Signature of Applicant: _____

Date: _____