



## Commercial Building Permit Application

*All Permits Require Construction Documents in Digital Form (paper may be requested)*

### Property Owner

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name of Business (if applicable) \_\_\_\_\_ Office # \_\_\_\_\_  
 Email: \_\_\_\_\_

### Contractor

Name of Company: \_\_\_\_\_ Office # \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Contact Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_ Liability Insurance on file with City of Kilgore  Yes  No

### Location of Project

Name of Business (if applicable) \_\_\_\_\_  
 Address / Location: \_\_\_\_\_

*Check all that apply*

Inside city Limits of Kilgore  Downtown Core  
 Inside Kilgore's ETJ  Downtown Overlay

### Description of Work/Job

*(For values over \$50,000, construction documents shall be prepared by a registered design professional & submit TDLR registration)*

Classification	Water			Sewer		Stories / Floors
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair	City	Private	Lawn Sprinklers	City	Private	Above Grade: _____ Below Grade: _____
	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> None	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> None	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> None	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> None	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> None	
Proposed Square Feet of Work		Value		Asbestos Survey	Plans registered with TDLR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing Square feet of Structure		Value		<input type="checkbox"/> Yes <input type="checkbox"/> No	TDLR Number: _____	

### Construction Types

Structure Type	Foundation Type	Roofing Material	Roof Design	Retaining Wall
<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry & Steel <input type="checkbox"/> Metal <input type="checkbox"/> Heavy Timber <input type="checkbox"/> Ordinary Frame	<input type="checkbox"/> Pier / Beam <input type="checkbox"/> Slab <input type="checkbox"/> Other	<input type="checkbox"/> Composite <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/> Truss <input type="checkbox"/> Conventional	<input type="checkbox"/> Concrete <input type="checkbox"/> Keystone <input type="checkbox"/> None

### Occupancy Classification

Assembly  Mercantile  High Hazard  Factory / Industrial  Miscellaneous  
 Educational  Business  Institutional  Multi Residential  Storage

*(Check all appropriate boxes)*

Row of Stores  
 Mixed use  Single Use

### Fire Protection

Fire Sprinkler System:  Existing  New  Addition  None  
 Fire Alarm System:  Existing  New  Addition  None

### Planning & Zoning

Plans for Landscaping  Yes  No  
(Required on all New or Additions)

Property Zone For:  
 Primary Structure  Single Lot   
 Secondary Structure  Multiple Lots

# of Existing Parking: \_\_\_\_\_ # of Planned Parking: \_\_\_\_\_

### Streets

Existing Driveway	Existing With Changes	New Driveway	Additional Driveway
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Corner Lot:  Yes  No      Amount of Road Frontage: \_\_\_\_\_

(Print) Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_