



Permit # \_\_\_\_\_

## Commercial Building Permit Application

*All Permits Require Construction Documents Consisting of 1 Digital and 1 Paper Copy*

### 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) _____	Check all that apply
Address / Location: _____	<input type="checkbox"/> Inside city Limits of Kilgore <input type="checkbox"/> Downtown Core <input type="checkbox"/> Inside Kilgore's ETJ <input type="checkbox"/> Downtown Overlay

### Description of Work/Job

*(If value is over \$50,000 then construction documents shall be prepared by a registered design professional)*

Classification	Water			Sewer		Stories / Floors
	City	Private	Lawn Sprinklers	City	Private	
<input type="checkbox"/> New						Above Grade: _____
<input type="checkbox"/> Addition	<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	Below Grade: _____
<input type="checkbox"/> Remodel	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	
<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<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"/> Pier / Beam	<input type="checkbox"/> Composite	<input type="checkbox"/> Truss	<input type="checkbox"/> Concrete
<input type="checkbox"/> Metal <input type="checkbox"/> Heavy Timber	<input type="checkbox"/> Slab	<input type="checkbox"/> Wood	<input type="checkbox"/> Conventional	<input type="checkbox"/> Keystone
<input type="checkbox"/> Ordinary Frame	<input type="checkbox"/> Other	<input type="checkbox"/> Metal		<input type="checkbox"/> None

### Occupancy Classification

<input type="checkbox"/> Assembly <input type="checkbox"/> Mercantile <input type="checkbox"/> High Hazard <input type="checkbox"/> Factory / Industrial <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Educational <input type="checkbox"/> Business <input type="checkbox"/> Institutional <input type="checkbox"/> Multi Residential <input type="checkbox"/> Storage	<i>(Check all appropriate boxes)</i> <input type="checkbox"/> Row of Stores <input type="checkbox"/> Mixed use <input type="checkbox"/> Single Use
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### Fire Protection

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

### Planning & Zoning

### Streets

Plans for Landscaping <input type="checkbox"/> Yes <small><i>(Required on all New or Additions)</i></small> <input type="checkbox"/> No	Property Zone For:	Existing Driveway	Existing With Changes	New Driveway	Additional Driveway
<i>Primary Structure</i> <input type="checkbox"/>	<i>Single Lot</i> <input type="checkbox"/>	<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
<i>Secondary Structure</i> <input type="checkbox"/>	<i>Multiple Lots</i> <input type="checkbox"/>				
# of Existing Parking:	# of Planned Parking:	Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Road Frontage:	

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