



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) _____
 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
	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

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

Streets

Plans for Landscaping <input type="checkbox"/> Yes <small>(Required on all New or Additions)</small> <input type="checkbox"/> No	Property Zone For:	Existing Driveway	Existing With Changes	New Driveway	Additional Driveway
Primary Structure <input type="checkbox"/>	Single Lot <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
Secondary Structure <input type="checkbox"/>	Multiple Lots <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: ____/____/____

Following the 2012 ICC International Building Code, Fire, Mechanical, Plumbing, 2017 Electrical NEC, 2015 Energy Conservation Code

Revised 11/16/2020