



APPLICATION CHECKLIST

Commercial

Public Works Department

25 Oak Drive • Lake Jackson, TX 77566

Inspection Line (979) 415-2432 • Phone (979) 415-2430 • Fax (979) 415-2530
• www.lakejackson-tx.gov

**Use this checklist to ensure that all necessary
Information is provided for review of your project.**

**An application intake appointment is recommended.
Call 979-415-2430 to schedule intake appointment.**

Requirements for Submittal

- _____ One (1) Completed commercial building permit application packet
- _____ Storm Water permit application
- _____ Two (2) copies of the surveyed Site Plan
- _____ Two (2) sets of Architectural Drawings
- _____ Two (2) sets of Engineered Drawings and Calculations. Including: Structural, Plumbing, Mechanical, Electrical, Windstorm, Geotechnical, etc..
- _____ Two (2) Project Specification Manuals if available
- _____ Two (2) copies of the 2015 ComCheck Energy Code Compliance Forms
- _____ Two (2) copies of the Commercial Cross Connection Control Survey
- _____ Two (2) copies of the TDLR Barrier Free registration form with registration number for projects valued over \$50,000
- _____ Two (2) copies of plumbing and mechanical cut sheets
- _____ Two (2) copies of fire sprinkler and fire alarm plans. Plans must be reviewed by a NICET Level III professional
- _____ One electronic PDF copy of plans and specification

Please Note:

If this project involves a new or renovated sign a sign permit may be required
Incomplete applications and deferred submittals may delay review and issuance of permits

**APPLICATIONS ARE ONLY CONSIDERED COMPLETE IF ALL
INFORMATION REQUESTED ON FORMS IS PROVIDED.**



PERMIT APPLICATION Commercial

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**THIS COMPLETED APPLICATION MUST BE ACCOMPANIED BY THE
COMMERCIAL SUBMITTAL CHECKLIST WITH ALL REQUIRED DOCUMENTS**

Type of Permit: () New Commercial () Commercial Addition () Commercial Remodel

Project Address: _____ Parcel ID #: _____

Project Description: _____

Scope of Work: _____

Property Owner: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Tenant: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____

Cell Phone: _____ Fax: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Architect: _____ Phone Number: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Structural Engineer: _____ Phone Number: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Windstorm Engineer: _____ Phone Number: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

General Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contractor's License Number: _____ Expiration: _____

Project Valuation: _____ Occupancy Classification: _____ Construction Type: _____ Sprinkled _____

Number of Stories: _____ Total Building Height: _____ Allowable Square Footage: _____

Total Building Sq. Ft.: _____ Number Tenant Spaces: _____ Sq. Ft. per floor: 1st 2nd 3rd 4th

Setbacks: Front: _____ Rear _____ Left Side _____ Right Side _____ Lot Sq Ft: _____ Acres: _____

TDLR Barrier Free Registration # _____ (Projects over \$50,000 Valuation)

Complete Sides 2 and 3 of Application

FOR STAFF USE ONLY

_____	_____	_____	\$ _____	\$ _____	\$ _____
Approved by	Date	Permit #	Plan Check Fees	Building Fees	Plumbing Fees
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Mechanical Fees	Electrical Fees	Sewer Fees	Water Fees	Storm Water Fees	Total Permit Fees



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MECHANICAL-ELECTRICAL-PLUMBING CONTRACTORS MUST BE LICENSED AND INSURED.

Plumbing Engineer: _____ Phone Number: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Plumbing Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contractor's License Number: _____ Expiration: _____

Service Size: _____ Meter Size: _____ Service Pressure: _____ Distance to Furthest Remote Outlet: _____

Please List quantity of fixtures below:

- | | | |
|------------------------------|--|----------------------------|
| _____ WATER CLOSET (TOILET) | _____ URINAL | _____ LAVATORY (HAND SINK) |
| _____ SHOWER | _____ BATH TUB | _____ LAUNDRY/UTILITY SINK |
| _____ FLOOR DRAIN | _____ FLOOR SINK | _____ MOP SINK |
| _____ 3 COMPARTMENT SINK | _____ FOOD PREP SINK | _____ DISHWASHER |
| _____ GREASE INTERCEPTOR * | _____ STEAM TABLE | _____ DRINKING FOUNTAIN |
| _____ HOSE BIB | _____ CO ² BEVERAGE MACHINE | _____ ICE MAKER |
| _____ SUMP | _____ ELECTRIC WATER HEATER | _____ ROOF DRAIN |
| _____ WATER PIPING | _____ BACKFLOW PREVENTOR ** | _____ LAWN SPRINKLER ZONES |
| _____ EYEWASH / EMERG SHOWER | _____ GAS OUTLETS | |

PROVIDE FIXTURE CUT SHEETS FOR ALL FOOD SERVICE ESTABLISHMENTS

* PROVIDE GREASE INTERCEPTOR SIZING CALCULATIONS

** PROVIDE COMMERCIAL CROSS CONNECTION CONTROL SURVEY – **REQUIRED WITH ALL SUBMITTALS**

Electrical Engineer: _____ Phone Number: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Electrical Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contractor's License Number: _____ Expiration: _____

Please List Quantity of Fixtures Below:

- | | | |
|--------------------------------|--------------------------------|-------------------------------|
| _____ ELECTRIC OUTLET 120 VOLT | _____ ELECTRIC OUTLET 240 VOLT | _____ ELECTRIC OUTLET - GFCI |
| _____ ELECTRIC SWITCH | _____ LIGHTING FIXTURE | _____ ELECTRIC SERVICE PANEL |
| _____ MOTOR UP TO 10 HP | _____ MOTOR >10 UP TO 50 HP | _____ MOTOR > 50 HP |
| _____ 2 POLE CIRCUIT | _____ 3 POLE CIRCUIT | _____ TEMP SERVICE CONNECTION |

Complete Sides 2 and 3 of Application

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Permit # _____

Project Address _____



PERMIT APPLICATION Commercial

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Mechanical Engineer: _____ Phone Number: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mechanical Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contractor's License Number: _____ Expiration: _____

Please List Quantity of Fixtures Below:

- | | | |
|--------------------------|------------------------------|--------------------------------|
| _____ CLOTHES DRYER | _____ FURNACE UP TO 100K BTU | _____ FURNACE OVER 100K |
| _____ MOTOR UP TO 5 TON | _____ MOTOR >5 UP TO 10 TON | _____ MOTOR >10 UP TO 50 TON |
| _____ MOTOR > 50 TON | _____ UNIT HEATER | _____ AIR CONDITIONER UNIT |
| _____ TYPE 1 GREASE HOOD | _____ TYPE 2 STEAM HOOD | _____ COMM COOKING EQUIPMENT |
| _____ FIREPLACE | _____ GAS WATER HEATER | _____ BOILER |
| _____ BOILER | _____ AIR HANDLER | _____ VARIABLE VALVE FAN |
| _____ SWAMP COOLER | _____ VENTILATION FANS | _____ OTHER VENTILATION SYSTEM |
| _____ ENVIRONMENTAL HOOD | _____ INCINERATOR | _____ ALL OTHER UNITS |

Certification: Under penalty of perjury, I (the undersigned) certify that I am the property owner or their authorized agent and that the above information is complete and accurate to the best of my knowledge. I understand that any changes in contractor information must be reported immediately to the City of Lake Jackson as a condition of the permit. I understand that failure to report changes may nullify and/or expire the permit without notice or further cause. I hereby certify that the above information is correct and that the construction of, along with the occupancy and use of the above-described property will be in accordance with the laws, rules and regulations of the City of Lake Jackson.

Owner or Authorized Agent: _____ Signature _____ Date _____

Printed Name

FOR STAFF USE ONLY

Permit # _____

Project Address _____



Cross Connection Survey Commercial

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TO BE COMPLETED BY THE PROPERTY OWNER OR THEIR AUTHORIZED AGENT

The purpose of this questionnaire is to help determine if you have any special plumbing or activities that pose an increased risk of contamination to the City of Lake Jackson water system. This completed questionnaire is a required supplement with all commercial permit applications. Check the appropriate boxes that apply to your business and/or building.

Project Site Address: _____ Tax Parcel ID #: _____

Project Description: _____

Property Owner Name: _____ Property Owner Phone: _____

Property Owner's Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Business Name: _____ Business Phone: _____

Business Owner's Name: _____ Business Owner Phone: _____

Business Owner's Address: _____ City: _____ State: _____ Zip: _____

Owner's Email: _____ Owner's Phone: _____

Contact Name: _____ Contact Phone: _____

Backflow prevention assemblies shall be installed at all service connections and/or all fixtures where in the judgment of the City of Lake Jackson, the nature of activities on the premise may present a nuisance or hazard to the public water system. All commercial and multi-family projects are required to provide premise isolation as a minimum protection. Installed devices are required to be tested annually with test results and certification provided to the City of Lake Jackson.

Please indicate if your facility has, or will have any of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Conditioners | <input type="checkbox"/> Brine Tanks | <input type="checkbox"/> Dye Vats |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Building three stories or more tall | <input type="checkbox"/> Dry Cleaning Equipment |
| <input type="checkbox"/> Air Washers | <input type="checkbox"/> Car Washing Equipment | <input type="checkbox"/> Espresso Machines |
| <input type="checkbox"/> Aquarium make-up Water | <input type="checkbox"/> Chemical Feed Tank | <input type="checkbox"/> Etching Tanks |
| <input type="checkbox"/> Aspirators, Weedicide, Herbicide, Pesticide injectors | <input type="checkbox"/> Chemical Feed (commercial cleaners) | <input type="checkbox"/> Fermenting Tanks |
| <input type="checkbox"/> Aspirators, Medical -Lab | <input type="checkbox"/> Chlorinators | <input type="checkbox"/> Fertilizer Injection |
| <input type="checkbox"/> Autoclave | <input type="checkbox"/> Coffee Urn | <input type="checkbox"/> Film Processors |
| <input type="checkbox"/> Autopsy Tables | <input type="checkbox"/> Commercial Cooking Kettles | <input type="checkbox"/> Fire Dept Pumper Connection |
| <input type="checkbox"/> Auxiliary water system (well, pond, creek, other) | <input type="checkbox"/> Computer Cooling Lines | <input type="checkbox"/> Fire Sprinkler Systems (with Booster Pump) |
| <input type="checkbox"/> Baptismal Fountain | <input type="checkbox"/> Condensate Tanks | <input type="checkbox"/> Fire Sprinkler system with chemicals |
| <input type="checkbox"/> Bathtub, below rim filler | <input type="checkbox"/> Cooling Towers Etching Tanks | <input type="checkbox"/> Fire Sprinkler Systems w/o chemicals |
| <input type="checkbox"/> Bed Pan Washers | <input type="checkbox"/> Decorative Ponds/ Fountains | <input type="checkbox"/> Floor Drains |
| <input type="checkbox"/> Beverage (pop) Machines using Co2 | <input type="checkbox"/> Degreasing Equipment | <input type="checkbox"/> Fume Hoods |
| <input type="checkbox"/> Boilers Feed Lines | <input type="checkbox"/> Dental Equipment /Cuspidors | <input type="checkbox"/> Garbage Can Washers |
| <input type="checkbox"/> Bottle Washing Equipment | <input type="checkbox"/> Dialysis Equipment | <input type="checkbox"/> Grey Water Systems |
| | <input type="checkbox"/> Dishwashers | <input type="checkbox"/> Heat Exchangers w/o dbl wall leak path |
| | <input type="checkbox"/> Drinking Fountains | |



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- | | | |
|---|---|--|
| <input type="checkbox"/> Heat Pumps
<input type="checkbox"/> Heating System using water
<input type="checkbox"/> Heating Boilers, Commercial
<input type="checkbox"/> High Pressure Washers
<input type="checkbox"/> Hot Tub
<input type="checkbox"/> Hydrotherapy Baths
<input type="checkbox"/> Ice Makers
<input type="checkbox"/> Industrial Fluid Systems
<input type="checkbox"/> Intertied (looped) Services
<input type="checkbox"/> Irrigation system (no chemicals)
<input type="checkbox"/> Irrigation system (chemical)
<input type="checkbox"/> Janitor sink
<input type="checkbox"/> Kitchen Equipment
<input type="checkbox"/> Laboratory Equipment | <input type="checkbox"/> Laundry Machines
<input type="checkbox"/> Landscape Irrigation w chemical
<input type="checkbox"/> Landscape Irrigation w/o chemical
<input type="checkbox"/> Livestock Drinking Tanks
<input type="checkbox"/> Make-up Tanks
<input type="checkbox"/> Mobile Carpet Cleaners
<input type="checkbox"/> Pesticide Applicator Trucks
<input type="checkbox"/> Photo Developing Sinks/Tanks
<input type="checkbox"/> Private Fire Hydrants
<input type="checkbox"/> Private Wells
<input type="checkbox"/> Pump Prime Trucks
<input type="checkbox"/> Radiator Flushing Equipment
<input type="checkbox"/> Reclaimed Water Systems
<input type="checkbox"/> RV Dump Stations | <input type="checkbox"/> Sewer Connected Equipment
<input type="checkbox"/> Sewer Flushing
<input type="checkbox"/> Shampoo Sink
<input type="checkbox"/> Solar Heating Systems
<input type="checkbox"/> Spa/Sauna
<input type="checkbox"/> Steam Generating Equipment
<input type="checkbox"/> Sterilizers
<input type="checkbox"/> Stills
<input type="checkbox"/> Sumps
<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Trap Primers
<input type="checkbox"/> Used or Gray Water systems
<input type="checkbox"/> Water Treatment Filtrat6ion Systems
<input type="checkbox"/> X-Ray Equipment |
|---|---|--|

1. Are you aware of any existing backflow protection located on this property?

Please Describe: _____

2. Please provide the name of all products or chemicals that are mixed with water at your location.

3. Please provide the name of all products or chemicals that are stored in bulk at your location.

Certification: Under penalty of perjury, I (the undersigned) certify that I am the property owner or their authorized agent and that the above information is complete and accurate to the best of my knowledge. I understand that any changes in equipment connected to the water system must be reported immediately to the City of Lake Jackson as a condition of continued service. I understand that failure to report changes or provide yearly inspection reports of installed backflow protection devices may result in the City of Lake Jackson interrupting water service to the affected systems.

Owner or Authorized Agent: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE CITY OF LAKE JACKSON							
Type of Water Use	Hazard Assessment		Backflow Protection Required				
	Low	High	None	DCVA	DCDA	RCBA	RPDA
Domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status of Meter	<input type="checkbox"/> Meter is Set		<input type="checkbox"/>	<input type="checkbox"/> Okay to Install			
Certified By				<input type="checkbox"/> Locked per Water Department			

CITY OF LAKE JACKSON-Storm Water Permit Application Form

CITY OF LAKE JACKSON

Database ID:	Tracking ID:	
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Application Date:			
Construction Site:			
Site Address:			
Site Owner Information			
Owner Name:			
Owner Address:			
Owner City/State/Zip:			
Owner Contact:			
Owner Phone:			
Owner Fax:			
Owner Cell Phone:			
Site Operator Information			
Operator Name:			
Operator Address:			
Operator City/State/Zip:			
Operator Contact:			
Operator Phone:			
Operator Fax:			
Operator Cell Phone:			
Construction Schedule			
Expected Start Date:			
Expected Completion Date:			
Acreage and Fee Calculations			
Total Site Acreage:			
Total Fee Units *			
Fee (Total Fee Units X \$45)			
Stormwater Quality Plan Summary			
Site Description			
Type of Construction:			
Total Site Acreage:			
Land Disturbance Acreage:			
Pre-construction Runoff Coefficient:			
Post-construction Runoff Coefficient:			
Temporary Sediment Controls (Check the boxes that apply)			
Filter Fabric (Silt) Fences	<input type="checkbox"/>	Hay Bales	<input type="checkbox"/>
Inlet Protection	<input type="checkbox"/>	Dikes or Swales	<input type="checkbox"/>
Stabilized Entrances and Exits	<input type="checkbox"/>	Vegetative Buffer	<input type="checkbox"/>
Grassy Swales	<input type="checkbox"/>	Rock Filter Dam	<input type="checkbox"/>
Rock Gabions	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Erosions and Stabilization Practices (Check the boxes that apply)			
Hydromulch Seeding	<input type="checkbox"/>	Sodding	<input type="checkbox"/>
Mulching	<input type="checkbox"/>	Temporary Seeding	<input type="checkbox"/>
Paving	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Structural Controls (Only required for drainage areas greater 10 acres)			
Temporary Sediment Ponds	<input type="checkbox"/>	Temporary Sediment Traps	<input type="checkbox"/>
Alternate Perimeter Controls	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Permanent Controls (Only required for construction sites resulting in at least 1 acre of new impervious surface area)			
On-Site Detention (Dry or Wet)	<input type="checkbox"/>	Vegetated Swales	<input type="checkbox"/>
Low Impact Development	<input type="checkbox"/>	Low Velocity Drainage Channels	<input type="checkbox"/>
Regional Detention	<input type="checkbox"/>	Post-Construction Peak Flow equals Pre-Construction Peak Flow	<input type="checkbox"/>

*Fee units are equal to the number of acres rounded up to the next whole number. (Example: 2.3 acres equals 3 fee units)