



PERMIT APPLICATION Commercial

Public Works Department – Building Division
25 Oak Drive • Lake Jackson, TX 77566 • Phone (979) 415-2430 • Fax (979) 415-2530
• www.lakejackson-tx.gov

**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) **New Construction Sq Ft. _____ Alteration/Repair Sq Ft. _____**

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



PERMIT APPLICATION Commercial

Public Works Department – Building Division
25 Oak Drive • Lake Jackson, TX 77566 • Phone (979) 415-2430 • Fax (979) 415-2530
• www.lakejackson-tx.gov

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

FOR STAFF USE ONLY

Permit # _____

Project Address _____



PERMIT APPLICATION Commercial

Public Works Department – Building Division
25 Oak Drive • Lake Jackson, TX 77566 • Phone (979) 415-2430 • Fax (979) 415-2530
• www.lakejackson-tx.gov

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 _____