



City of Bowie Universal COMMERCIAL Building Permit Application

(Incomplete applications will not be accepted)

304 Lindsey St. Bowie, Tx 76230

940-872-1114 ext 29 or 31

Fax: 940-872-5702

Check all that apply

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Fire Sprinkler |
| <input type="checkbox"/> New Shell Only | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Electrical | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Driveway | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Remodel Interior | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Remodel Exterior | <input type="checkbox"/> Other Flatwork | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Other: _____ |

PROJECT/SITE INFORMATION: PLACE N/A FOR ALL ITEMS THAT DO NOT APPLY

Project Address (Location): _____ Total Acres: _____
Project Name: _____ Parcel(s) Tax ID# (Required): _____
Scope of Work: _____
Multi-Family: Yes No If yes, # of Existing Units _____ # of Proposed Units _____
Current Zoning: _____ Current Use: _____ Proposed Use: _____
Accessory Structures on Site: Yes No Cost of project _____

PROPERTY OWNER INFORMATION:

Name: _____ Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell #: _____ Fax #: _____
Email Address: _____

GENERAL CONTRACTOR INFORMATION:

Name: _____ Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell #: _____ Fax #: _____
Email Address: _____ Will this be the project contact? Yes No

ARCHITECT ENGINEER DESIGNER:

Name: _____ Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell #: _____ Fax #: _____
Email Address: _____ Will this be the project contact? Yes No

BUILDING INFORMATION (If Proposed)

of Stories: ___ # of Dwelling Units: ___ Floor Area: Existing: _____ New: _____ SQ FT Shell: _____

Asbestos Survey_ **Yes or No** Flood Plain: **_ Yes or No** Septic System: **_ Yes or No**

FENCE INFORMATION (If Proposed)

New: ___ Replacement: ___ Repair: ___ Fence Height: _____ Proposed Fence Material: _____

Pickett Privacy Wrought Iron Other _____Proposed location: _____ Corner Lot: Yes No Cost of Construction: _____

ROOF INFORMATION (If Proposed)

New: ___ Replacement: ___ Repair: ___ Cost of Construction: _____ SQ FEET: _____

Existing Material: _____ Proposed Material: _____

POOL INFORMATION (If Proposed)

Cost of Construction: _____

Select All that Apply: Private Pool Public Pool Private Hot Tub/Spa Public Hot Tub/Spa Fountain Above Ground In-ground Raised Deck or Platform Surround Concrete or Stone Surround Safety Cover Self closing-self latching gates Fully Fenced Fence Material: _____ Fence Height: _____ Alarm on Door

FLATWORK INFORMATION (If Proposed)New Replacement Repair Cost of Construction: _____ SQ FT: _____ Location: _____Existing Material: _____ Proposed Material: _____

ELECTRICAL INFORMATION (If Proposed)Select all that Apply: New Temp Pole Repair Trailer Hookup Upgrade Gasoline Pump Change Service Sign Hookup Move Service Motor Other, please specify: _____

Amps: _____ Feeder panels: _____ Outlets: _____ Horsepower (motor): _____ Cost of Job: _____

 ELECTRICAL CONTRACTOR

Name: _____ Company Name: _____

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

Phone: _____ Cell #: _____ Fax #: _____

Email Address: _____

MECHANICAL INFORMATION (If Proposed)

Select All that Apply: New: ___ Replacement: ___ Repair: ___ Duct work: _____

Air Units: ___ # Heat Units: ___ # Fans/Blowers: ___ # Refrigerator units: _____

Other, please specify: _____ Cost of Job: _____

 MECHANICAL CONTRACTOR

Name: _____ Company Name: _____

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

Phone: _____ Cell #: _____ Fax #: _____

Email Address: _____

PLUMBING INFORMATION (If Proposed)

Select All that Apply: New: _____ Replacement: _____ Repair: _____ Sewer Line: _____ Water Heater: _____ Gas Yard Line: _____ Gas Test: _____ RPZ: _____

Lavatories: _____ # Commodes: _____ # Tubs/Shower: _____ # Drinking Fountains: _____ # Floor Drains: _____ # Water Lines: _____

Grease Traps: _____ # Gas Piping Openings: _____ # of heads _____ Estimated Cost _____

Other, please specify: _____ Cost of Job: _____

PLUMBING CONTRACTOR

Name: _____ Company Name: _____

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

Phone: _____ Cell #: _____ Fax #: _____

Email Address: _____

Received by walk in fax e-mail

APPLICATION AGREEMENT AND SIGNATURE

I hereby acknowledge that I have read this application and state the above is correct and agree to comply with the City of Bowie Ordinances and State Laws regulating zoning and building construction. I also certify I am the property owner, or am authorized to act as the property owner's agent in obtaining this permit.

No work is to be started before the permit application has been approved and you have received a copy of the approved permit. Office personnel will contact you when the permit application has been approved. False or incorrect information will be grounds for permit to be revoked or denied

Notice: A Certificate of Occupancy must be issued before any building is occupied.

By signing this application, staff is granted access to your property to perform work related to your case.

SIGNATURE:

(Letter of authorization required if signature is other than property owner)

PRINTED NAME:

(Letter of authorization required if signature is other than property owner)

For Department Use Only
Permit #: _____
Total Fee(s): _____
Fee Credit: _____
Payment Method: _____
Submittal Date: _____
Accepted By: _____
Accepted Date: _____
Certify Application complete: _____