Phone: 361-594-3362
Fax: 361-594-3566
Email: adamf@shinertexas.gov

Address: P.O. BOX 308
802 N. Ave E

Commercial Permit Application

Building Permit Number: _____ **Valuation:** _____

Project Name: _____ **Zoning:** _____

Project Address: _____ **Square Foot:** _____

Project Description: **New** ☐ **Addition** ☐ **Remodel** ☐ **Finishout** ☐
Sign ☐ **Plumbing** ☐ **Mechanical** ☐ **Electrical** ☐ **Other** ☐

Scope of Work: _____

THIS PROPERTY IS IN A FLOODPLAIN: **Yes** ☐ **No** ☐ *If yes, provide Flood Plain Certificate to the City*

DOES THIS BUILDING HAVE A FIRE SPRINKLER? **Yes** ☐ **No** ☐

Owner Information: _____

Name: _____ **Project Contact Person:** _____

Address: _____

Phone Number: _____ **Cell Number:** _____ ***Email:*** _____

Engineer	Contact Person	Phone #:	Email
Architect	Contact Person	Phone #:	Email
General Contractor	Contact Person	Phone #: Email:	Contractor License Number ☐
Mechanical Contractor	Contact Person	Phone #: Email:	Contractor LIcense Number ☐
Electrical Contractor	Contact Person	Phone #: Email:	Contractor License Number ☐
Plumbing Contractor	Contact Person	Phone #: Email:	Contractor LIcense Number ☐
TPO Energy Provider	Contact Person	Phone #: Email:	Contractor LIcense Number ☐

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

A certificate of occupancy must be issued before any building is occupied.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY: Approvals are required from all departments prior to issuance of permit

Plan Review		**Fire**	
Public Works		**Planning**	

Building Permit Fee: _____
Plan Review Fee: _____
Water Tap Fee: _____
Sewer Tap Fee: _____

Meter Deposit Fee: _____
_____

Total Fees: _____
Receipt #: _____
Issued Date: _____
Issued By: _____
BV Project #: _____