ORDINANCE 2019-___ EXHIBIT "B"

COMMERCIAL CONSTRUCTION APPLICATION REQUIREMENTS

Property:

1. The Property must be platted or subdivided in accordance with current zoning ordinance.
2. Property Zoning must comply with proposed Property Use
3. A Copy of the deed of trust will be required.
4. A Curb Cut permit will be required from TXDOT from properties on State road, street, highways.
5. The property must have a run-off water detention plan included.
6. 15% Landscape required on the front of the property(to be included in plans)
7. Sanitary sewer must be available on property.

Construction Plans:

1. Scaled plans must include Site Plan, Electrical Plan, Floor plan, Plumbing Plan, Roof Plan, Elevation plan, Wall section, Windstorm Plan, Fire Alarm Plan(if required), Fire Sprinkler Plan(if required), and HVAC.
2. Engineered plans required for foundations exceeding 5000 sq. ft, also engineer design also required for unsupported roof span of 24 feet or more.
3. Building used for the occupancies of: Assembly, Educational, and institutional must also have structural plans designed by an engineer.
4. Windstorm must be designed by an engineer to ensure that building will withstand minimum wind load capacity of 110 mph.
5. ADA Compliance is required if cost of construction is 50,000 or more, (www.ada.gov)
6. The minimum finish floor elevation is 18 inches or more from the top of the curb or center of the street.
7. Plans must indicate following information:
   - Type of Occupancy
   - Occupant Load as allowed by the Building Code
   - Capacity for Means of Egress
   - Total square footage
8. Com-Check is required (Note: Com-Check must comply with Adopted Energy Code at time of permit application)

Inspection Division:

1. Portable restroom required.
2. Dumpster or fenced area for construction Debris is required.
3. Setback and Floor Elevation Inspection required before concrete is poured.
4. Dumpster enclosure will be required at Final Inspection.
5. Inspections must be called to City Hall at 956-581-3345, 24 hours prior.

City of PEÑITAS

CONTRACTORS/ SUB-CONTRACTOR REGISTRATION APPLICATION

Name of Applicant:	
Phone:	
Address:	
Doing Business as:	
( ) GENERAL CONTRACTOR	REGISTRATION DATE:_____
( )SUB- CONTRACTOR	EXPIRATION DATE:_____
( ) OTHER_____	
Registration Fee:_____	(Office Use Only)

Signature:_____ Date:_____

(MUST PROVIDE PROOF OF GENERAL LIALBILITY OF BOND TO REGISTER)

City of PEÑITAS

Application For Commercial Building Permits

Physical Address:_____ Penitas Tx 78576

Subdivision:_____ Blk_____ Lot_____

Property Owner:_____ Phone:_____

Contractor Name:_____

Address:_____ Phone:_____

( )NEW CONSTRUCTION ( )ADDITION ( )REMODELING ( )FACELIFT ( )OTHER

FOUNDATION TYPE	FOUNDATION ELEVATION	EXTERIOR WALLS MADE OF
_____	_____IN	_____
TOTAL AREA SQ FT	NUMBER OF STORIES	INTERIOR WALLS MADE OF
_____	_____	_____
FRONT_____FT	REAR_____FT	SIDE_____FT SIDE _____FT
_____ SIGNATURE		_____ DATE

(INDICATE IN NORTH, SOUTH, EAST OR WEST SIDES OF PROPERTY)

CODE COMPLIANCE:_____ DATE:_____

APPROVE REJECT

IF REJECTED , REASON FOR REJECTION:_____

City of PEÑITAS

PARKING LOT PERMIT APPLICATION

PERMIT#

PHYSICAL ADDRESS:		
LOT #	**BLOCK:**	**SUBDIVISION:**

TYPE OF DRIVEWAY:

( ) CONCRETE ( ) ASPHALT ( ) OTHER: _____

SIZE OF PARKING:_____ SQ FT

NUMBER OF PARKING SPACES:_____ HANDICAP:_____

NUMBER OF EMERGENCY EXIT DOORS:_____

NUMBER OF FIRE EXTINGUISHERS:_____

PERSON DOING WORK: **TELEPHONE**

SIGNATURE: **DATE:**

YOU MUST CALL 24 HOURS PRIOR FOR REBAR INSPECTIONS PRIOR TO POURING ANY CEMENT!

Code Compliance: _____ Date: _____

Approved Reject

If rejected/denied, reason: _____

City of PEÑITAS

APPLICATION FOR SIGN PERMIT

PHYSICAL ADDRESS:
SUBDIVISION: BLK: LOT:
TOTAL SIZE OR DIMENSIONS OF THE SIGN LENGTH_____FT WIDTH_____FT SIGN TOTAL HEIGHT_____FT
TYPE OF SIGN OR PROJECT? ( )PERMANENT ( )PORTABLE ( )OFF PREMISES ( ) WALL SIGN ( )OTHER_____ _____ *AN INSPECTION IS NEEDED PRIOR TO POURING ANY CONCRETE IS SIGN GOING TO BE NEEDING ELECTRICAL? YES OR NO (IF YES, A MASTER ELECTRICAL WILL BE NEED TO OBTAIN AN ELECTRICAL PERMIT)
OWNER OF PROPERTY: ADDRESS: PHONE: ( )
CONTRACTOR: ADDRESS: PHONE: ( )

Please include site plan to show proposed size, dimension, and location of sign or project.
Allow 3-5 days for proper review.

Signature:_____ Date:_____

CODE OFFICIAL:_____ APPROVED REJECT DATE:_____

REASON FOR REJECTION:_____

_____

City of PEÑITAS

ELECTRICAL PERMIT APPLICATION

PHYSICAL ADDRESS:

SUBDIVISION: LOT:

DESCRIPTION OF WORK:

SERVICE___ SERVICE AMOUNT (AMPS)_____ SERVICE FEE AMOUNT_____

( ) T-POLE_____ ( ) CHANGE/UPGRADE/RELOCATE____ ( ) WORKING CLEARANCE_____

( ) ADDED CIRCUITS_____ ( ) RE- INSPECTION _____ PERMIT/ INSPECTION_____

TOTAL:_____

IF OTHER PLEASE DESCRIBE_____

MASTER ELECTRICAL NAME: ADDRESS: TELEPHONE

_____ _____ _____

BUILDING CLASSFICATION: RESIDENTIAL ( ) OR COMMERCIAL ( )

SIGNATURE:_____ DATE:_____

MASTER LICENSE AND GENERAL LIABILITY INSURANCE ($300.000) ARE REQUIRED FOR AN ELECTRICAL PERMIT

CODE COMPLIANCE:_____ DATE:_____

APPROVE REJECT

IF REJECTED,REASON FOR REJECTION:_____

City of PEÑITAS

PLUMBING PERMIT APPLICATION

PERMIT#

PHYSICAL ADDRESS WHERE WORK IS TO BE DONE:	
NAME OF SUBDIVISION:	LOT #

Fixture/drain/ appliance= Number of fixtures/drain/ Appliance = _____

[ ]Water piping

[ ] Gas Piping

[ ] Sewer drain

[ ] Lawn Sprinkler system

[ ] Excavation permit

[ ] Re- Inspection

PROPERTY OWNER:
TELEPHONE:

MASTER PLUMBER NAME: TELEPHONE:

PROPERTY CLASSIFICATION: RESIDENTIAL ☐ COMMERCIAL ☐

SIGNATURE: DATE:

* MASTER LICENSE AND GENERAL LIABILITY INSURANCE ARE REQUIRED WHEN APPLYING FOR A PLUMBING PERMIT WITH THE CITY OF PENITAS.

Code Compliance: _____ Approved Denied Date: _____

City of PEÑITAS

MECHANICAL PERMIT APPLICATION

PHYSICAL ADDRESS WHERE WORK WILL BE DONE:	
LOT #	**NAME OF SUBDIVISION:**
RESIDENTIAL ___ OR COMMERCIAL ___	
[ ] Residential A/C area = _____	**( ) Duct work**
[ ] Commercial A/C area (sq. ft) = _____	**_____ Number of Units**
[ ] Industrial walk – in cooler (sq. ft) = _____	**_____ Total Tons**
[ ]Store walk- in cooler (sq ft) = _____	
TECHNICIAN/CONTRACTOR NAME: LIC# TELEPHONE:	
COMPANY'S NAME: ADDRESS: TELEPHONE:	
SIGNATURE: DATE:	

Approve Or Denied

Building Official: _____ **Date:** _____

IF REJECTED REASON: _____