

ORDINANCE 2019-___ EXHIBIT "B"

COMMERCIAL CONSTRUCTION APPLICATION REQUIREMENTS

Property:

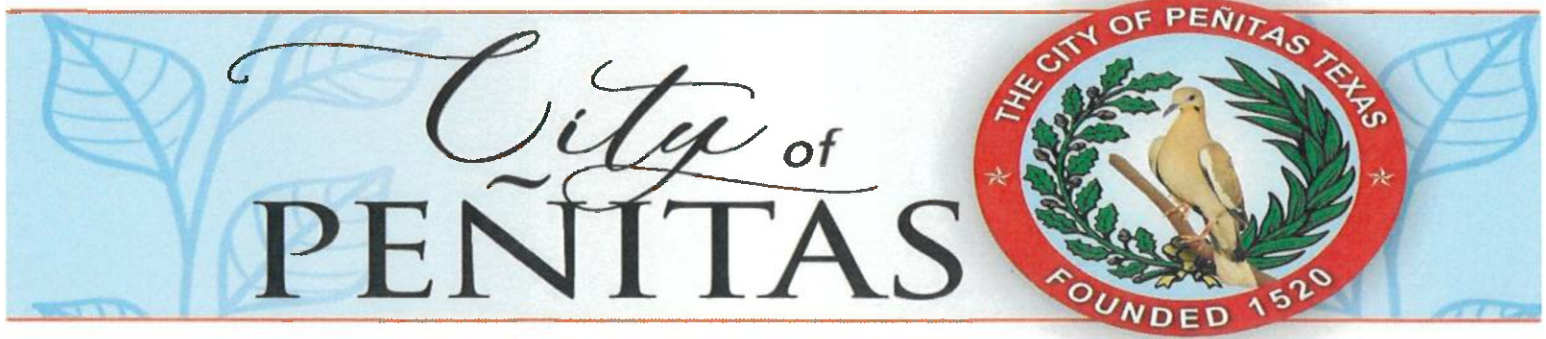
1. The Property must be platted or subdivided in accordance with current zoning ordinance.
2. Property Zoning must comply with proposed Property Use
3. A Copy of the deed of trust will be required.
4. A Curb Cut permit will be required from TXDOT from properties on State road, street, highways.
5. The 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.



CONTRACTORS/ SUB-CONTRACTOR REGISTRATION APPLICATION

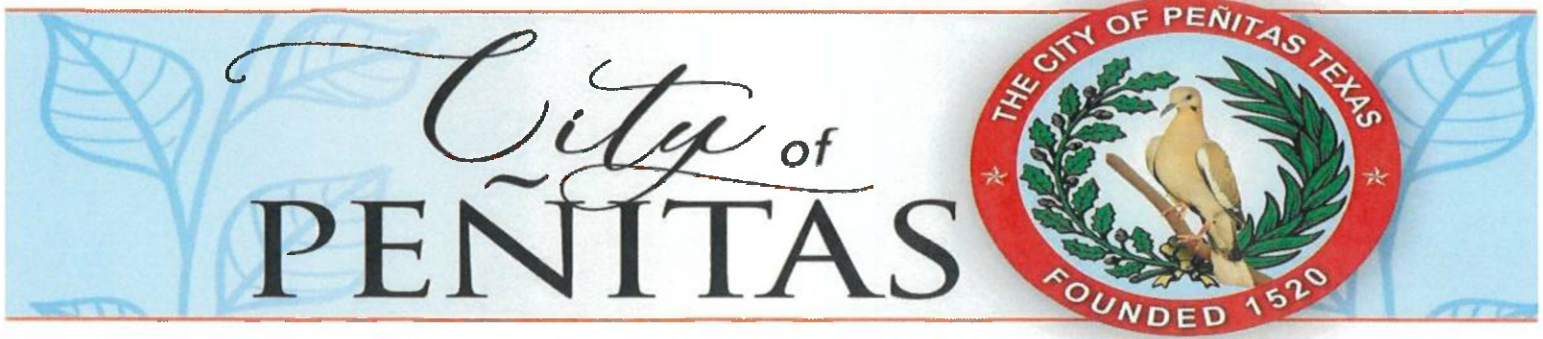
Name of Applicant: _____	
Phone: _____	
Address: _____	
Doing Business as: _____	
() GENERAL CONTRACTOR	REGISTRATION DATE: _____
() SUB- CONTRACTOR	EXPIRATION DATE: _____
() OTHER _____	
Registration Fee: _____	(Office Use Only)

Signature: _____

Date: _____

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





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: _____

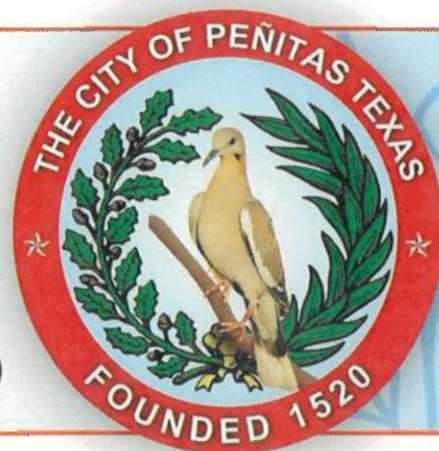
APPROVE

REJECT

IF REJECTED , REASON FOR REJECTION: _____



City of PENITAS



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: _____

P.O. BOX 204 | PEÑITAS, TX 78576 | (956) 581-3345 | FAX: (956) 581-3346 | WWW.CITYOFPEÑITAS.COM

The City of Peñitas is an equal opportunity employer and provider.



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			
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.

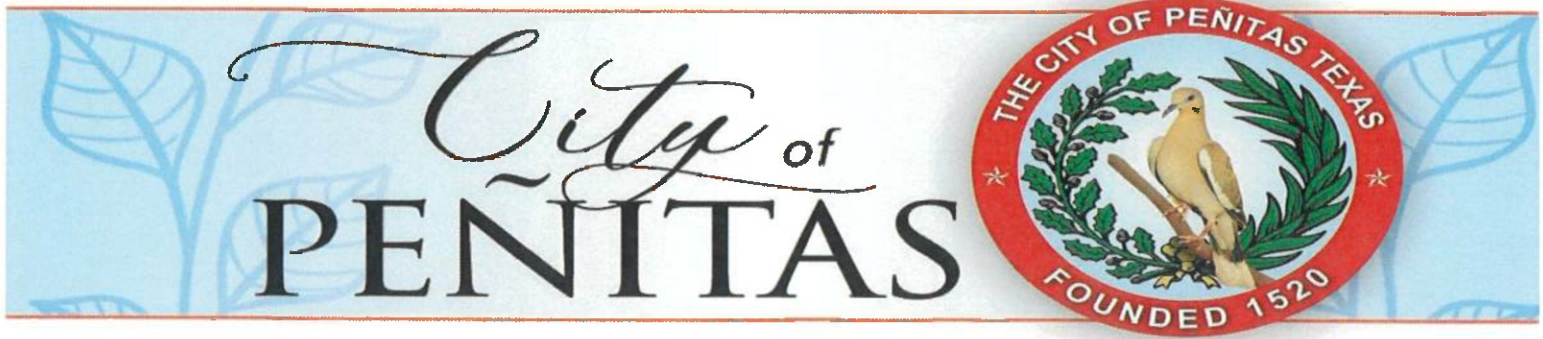
Signature: _____

Date: _____

CODE OFFICIAL: _____ APPROVED REJECT DATE: _____

REASON FOR REJECTION: _____





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 CLASSIFICATION:	RESIDENTIAL ()	OR COMMERCIAL ()
SIGNATURE: _____	DATE: _____	

MASTER LICENSE AND GENERAL LIABILITY INSURANCE (\$300,000) ARE REQUIRED FOR AN ELECTRICAL PERMIT

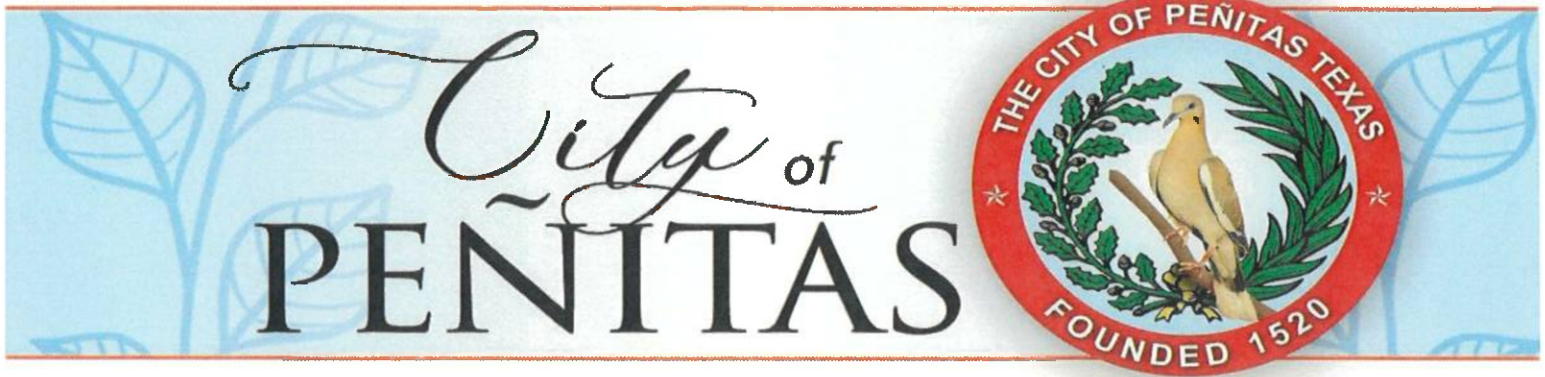
CODE COMPLIANCE: _____ DATE: _____

APPROVE

REJECT

IF REJECTED, REASON FOR REJECTION: _____





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 PEÑITAS.**

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: _____

