



City of San Angelo, Texas - Building Permits & Inspections
52 West College Avenue



Commercial Building Permit Application

NOTE: Incomplete or illegible applications will not be accepted. All applications must be submitted digitally. All required fields must be filled in adequately. The Authorized Representative (as designated in Section 1) will be notified of any changes in status & contacted with any questions. Use "N/A" where an item is not applicable.

Section 1: Basic Information

Address _____	Business Name _____
Legal Description (can be found on property tax statement or at www.tomgreencad.com) _____	
Point of Contact / Authorized Representative - All communications will be conducted with this individual. Additional individuals will be added as "Applicant Associates" that can view projects but not make any changes.	
Point of Contact: _____	
Name	Phone Number
Email Address	
Tenant: _____	
Name/Company	Phone Number
Email Address	
Property Owner: _____	
Name	Phone Number
Email Address	
Contractor: _____	
Name/Company/Contractor #	Phone Number
Email Address	
Architect/Engineer/Design Professional: _____	
Name	Phone Number
Email Address	

Section 2: Property Characteristics

	ROW Distance (Lin Ft)	Frontage (Lin Ft)	Street Name
Lot Size (Square Feet) _____	Lot Frontage 1: _____	_____	_____
	Lot Frontage 2: _____	_____	_____
Lot Size (Acreage) _____	Lot Frontage 3: _____	_____	_____
	Lot Frontage 4: _____	_____	_____

Is the proposed project any of the following?

- ☐ Construction of a building comprising **at least** 25,000 square feet of gross floor area?
- ☐ Construction of a building comprising **at least** 10,000 square feet of gross floor area **and** which is located on the same lot as an existing building comprising at least 25,000 square feet of gross floor area?
- ☐ **Exterior** alterations to an **existing building** of at least 25,000 square feet of gross floor area or has an existing **Urban Design Review**?
- ☐ Construction of **more than one** principal building for multi-family residential use on a single lot or tract of land?
- ☐ Construction of **more than one** principal building for single-family or two-family residential use on a single lot or tract of land?

Section 3: Utility Information

Water: ☐ City - requesting new services	Sewer: ☐ City - requesting new services
☐ City - utilizing existing services	☐ City - utilizing existing services
☐ Other	☐ Other
	☐ Septic System

(NOTE: Please see Tom Green County Health Department for Septic System Permit 325-658-1024)

Hours of Operation: 8 AM -12 PM & 1PM – 5 PM

No payments or permit issuance can be made after 4 PM due to accounting constraints. 325-657-4210, #1 www.cosatx.us/permits

Section 4: Project Scope

- ☐ Change of occupancy ☐ Construction ☐ Addition ☐ House Moving ☐ Repair Work
☐ Alteration ☐ Demolition ☐ Carport ☐ Accessory Building

Valuation: _____ Description of Work: _____

Section 5: Land Use / Occupancy (section applicable to non-residential or multi-family projects only)

Current Zoning: _____ Is there currently an open application to rezone? ☐ Yes ☐ No

Existing Use or Most Recent Use of Land: _____

Proposed Use of Land: _____

Does the Proposed Use Require a Conditional Use or Special Use? ☐ Yes ☐ No
 (For assistance, please consult the [Use Table](#) or contact the Planning Division at 657-4210, #2)

Existing Use or Most Recent Use of All Building(s) (if they exist): _____

Proposed Use of All Building(s): _____

Does the proposed use / occupancy include storage? ☐ Yes ☐ No

If yes, summarize the types of things which will be stored. _____

If yes, how many employees does the business have? _____

If yes, will storage - either items themselves, or shelving - exceed 12' in height? ☐ Yes ☐ No

If yes, will any items be stored outside building(s) on site? ☐ Yes Explain: _____ ☐ No

Does the proposed use / occupancy include an area for customers? Yes No

Will the service(s) offered by the business take place on-site, off-site, or both? _____

Will there be any full-time living or part-time lodging on-site? If so, explain: _____

Is there a freight movement component to the business? If so, explain: _____

Is there a manufacturing component to the business? If so, explain: _____

Is there a sales component to the business? If so, explain: _____

Is there any existing or proposed storage of fuel or water on-site? If so, explain: _____

If multi-family or lodging, how many units? _____

The undersigned certifies that the above information is correct to the best of my knowledge and that I have read, fully understand and agree to abide by all applicable city ordinances and specifications.

 Authorized Representative Signature

 Date

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Business Name: _____ Address: _____

COMMERCIAL CONSTRUCTION - PERMIT CHECKLIST

N/A **General Requirements**

☐ ☒

A completed application. All information must be completely filled out.

☐ ☒

One complete **digital** set of plans with specifications, fully dimensioned. Plans must be drawn to scale and indicating the scale used. These plans must include:

Construction drawings (with Engineer & Architect drawings as required¹)

☐ ☒

- Foundation Detail

☐ ☒

- Wall sections
 - Typical (wall) Framing Detail
 - Elevation Drawings for all 4 sides

☐ ☒

- Roof Detail

Floor plan

☐ ☒

- Proposed building uses.
 - Each space must have the proposed use labeled.

☐ ☒

- Label each room with use and dimensions. Include aisles, offices, restrooms, etc.
 - If storage is included, indicate the height of the storage.

☐ ☒

- Fire extinguisher location(s) and type(s).
 - Include a legend providing symbol guide and information.

☐ ☒

- Emergency & Exit Lighting.
 - Include a legend providing symbol guide and information.

☐ ☒

- Room finish schedule
 - Include for floor, walls, and ceilings.

☐ ☒

- Door / door hardware schedule.²

☐ ☐

- Fixture Layouts
 - N/A if no shelving/cabinets exist or are proposed.

☐ ☐

- Plumbing fixture schedule.
 - N/A only if no plumbing work is involved.

☐ ☐

- Window schedule
 - Required when replacing existing windows or when adding new windows (Mark N/A if none of the above apply.).

☐ ☐

- Seating Diagrams (*for Assembly³ occupancies*)
 - See footnote 3 for more details.

Specifications

☐ ☐

- Structural

☐ ☐

- Mechanical
 - N/A if no mechanical work is proposed

Specifications (Continued)

☐ ☐

- Electrical
 - o N/A if no electrical work is proposed

☐ ☐

- Plumbing
 - o N/A if no plumbing work is proposed

☐ ☐

- Energy Code Compliance Forms (COMChecks) ⁴.
 - o N/A if space is not heated/cooled

☐ ☐

- Kitchen Equipment, if applicable
 - o N/A if no kitchen equipment is proposed

Provide Engineer & Architect drawing(s) as required¹.

☐ ☐

- o Footnote 1 provides links to the regulating authorities' rules and guidelines.

State of Texas Safety and Compliance

☐ ☐

- TDLR application with the review number, if required⁵.
 - o N/A if project cost is under \$50,000.

☐ ☐

- Asbestos survey, if required⁶.
 - o Required if altering or connecting to an existing building

☐ ☒

Required Building Address Signage and Fire Department Connections (FDC)

☐ ☐

Required Signage for chemicals, flammable/combustible materials, fuel etc. (N/A if already existing or if not storing materials)

1. Texas Engineering Practice Act Sec. [1001.053, 1001.056 & 1001.407](#), Texas Board of Architectural Examiners Regulation of the Practice of Architecture ([TBAE Rules and Regulations of the Board Regulating the Practice of Architecture](#))
2. Required for all doors, both existing and proposed.
3. Assembly occupancies include but not limited to the following: those for viewing of performing arts/motion pictures, food/drink consumption, worship, recreation, entertainment, spectator seating, and viewing of outdoor activities. Full descriptions outlined in Section 303 of the 2021 International Building Code.
4. Please find more information on compliance checks (COMchecks) at the following link: <http://www.energycodes.gov/comcheck>
5. [TDLR](#) Review required subject to provisions of [Title 4, Subtitle E, Chapter 469](#) of the Local Government Code, including projects with an estimated construction cost of at least \$50,000. Please visit <https://www.tdlr.texas.gov/> or www.statutes.legis.state.tx.us/Docs/GV/htm/GV.469.htm for additional information. Visit <https://www.tdlr.texas.gov/TABS> to begin registration for you project.
6. Required if project is an existing building with alterations. Please visit <https://www.dshs.texas.gov/laws-and-rules-asbestos-program> for more information of the requirements by the State of Texas. This is not a local requirement and cannot be waived or exempted. If a letter is provided sealed by the original architect of record for the building stating that no asbestos was used in the construction, that is the only other acceptable substitution for an asbestos survey.

Business Name _____ Address _____

I certify that all items above have been provided as required. I understand that not providing all of this information will result in an incomplete application, which will not be reviewed or approved until all minimum requirements have been addressed.

Applicant

Date