



Commercial Building Permit Checklist

ITEMS FOR SUBMITTAL	DESCRIPTION	DIVISION
☐ Zoning and Platting has been completed	The property has a filed plat and zoning is appropriate for Use	Planning
☐ Completed Building Permit Application	With all associated signatures and information. All blanks of the application must be completed with the requested information or N/A where appropriate	All
☐ Commercial Permit Checklist	All items noted on the "Commercial Building Permit Checklist" must be addressed on the submitted building plans. Please discuss your project with a member of the building division for clarification of any noted item.	Building/Fire
☐ Detailed Site Plan	To scale, indicating all applicable setbacks, property line location, associated streets, and placement of proposed improvements. Please see samples provided.	All
☐ 1 Set of Plans	Required for all new construction or significant modification of existing construction, per the building division staff. Please refer to additional instruction sheet regarding information required for commercial structures.	Building
☐ Property Survey	If available for all new construction including additions or expansions	All
☐ Land Use Information	Provide details of existing and proposed land use, including operations, personnel specifications, services provided, etc. (floor plan/layout required)	All
☐ Parking Plan	Required	Planning
☐ Landscaping Plan	Required for all non-residential projects	Planning
☐ ADA Registration #	For all non-residential projects over \$50,000 of valuation	Building
☐ Energy Code	Required	Building
☐ Asbestos Survey	Required for all alteration, renovation or demolition	Building
☐ Drainage Plan	May be required for development. See Subdivision regulations.	Public Works
☐ Digital Submission	Submit all plans digitally	Building/Planning

All inspections should be submitted via our portal on [https:// stephenvillepermits.portal.iworq.net/](https://stephenvillepermits.portal.iworq.net/) or called in 24 hours prior at 254-918-1224

***** PRE-SUBMITTAL DETERMINATION:** If the project has been through pre-submittal meeting, input CASE # at top of form. A pre-submittal meeting is required if the project involves any of the following: Zoning change, platting or subdividing property, new structures, house conversion to non-residential, land disturbance > than 5,000 sq feet, new parking lot, expansion or rehabilitation of existing parking lot, new water or sewer tap; **A PERMIT APPLICATION CANNOT BE ACCEPTED UNTIL AFTER THE PRE-SUBMITTAL MEETING.**



COMMERCIAL - BUILDING PERMIT APPLICATION

Physical Address/Intersection:		Name of Project:		Within a NFIP Floodway: YES NO	
Abstract/Addition:		Acres/Block:	Lot(s):	Applicant/Owner Phone Number:	
Applicant/Owner:			Applicant/Owner E-mail:		
Mailing Address:		City:	State:	Zip:	
Contractor's Name	Contractor's Phone Number	Contractor's Mailing Address & Zip		VALUATION (PARTS & LABOR ONLY)	

CLASS OF WORK	STRUCTURE USE	STRUCTURE USE	WORK DESCRIPTION
☐ NEW	☐ Single Family	☐ Storage	Living Area: ____ #Units ____ ft ²
☐ ADDITION	☐ Duplex	☐ Carport	Garage Area: ____ #Units ____ ft ²
☐ ALTERATION	☐ Multi-Family	☐ Patio	Additions: ____ #Units ____ ft ²
☐ REPAIR	☐ Other: _____	☐ Other: _____	Accessory: ____ #Units ____ ft ²
☐ DEMOLITION	☐ STRUCTURE Attached Detached	Primary Exterior Material: _____	Total Primary Ext. %: _____
		Secondary Exterior Material: _____	Total Secondary Ext. %: _____

Mechanical Sub-Contractor's Name	Mechanical Contractor's Phone #	Mechanical Contractor's Mailing Address	Texas Contractor's License #
Electrical Sub-Contractor's Name	Electrical Contractor's Phone #	Electrical Contractor's Mailing Address	Texas Contractor's License #
Plumbing Sub-Contractor's Name	Plumbing Contractor's Phone #	Plumbing Contractor's Mailing Address	Texas Contractor's License #
Other's Name	Other's Phone #	Other's Mailing Address	Texas Other's License #

Architect Name	Architect Phone #	Architect Mailing Address	Texas Architectural License #
Structural Engineer Name	Structural Engineer Phone #	Structural Engineer Mailing Address	Texas Engineering License #
Mechanical Engineer Name	Mechanical Engineer Phone #	Mechanical Engineer Mailing Address	Texas Engineering License #
Electrical Engineer Name	Electrical Engineer Phone #	Electrical Engineer Mailing Address	Texas Engineering License #
Plumbing Sub-Contractor's Name	Plumbing Engineer Phone #	Plumbing Engineer Mailing Address	Texas Engineering License #
Civil Engineer Name	Civil Engineer Phone #	Civil Engineer Mailing Address	Texas Engineering License #

INCLUDED WITH APPLICATION

(please refer to back page for reference)

- | | | | |
|--|--|--|---|
| ☐ Site Plan | ☐ TDLR # | ☐ MEP Plan | ☐ Landscaping Plan |
| ☐ Survey | ☐ COM check | ☐ Foundation Plan | ☐ Irrigation Plan |
| ☐ Building Plan | ☐ Asbestos Report | ☐ Digital Plan | ☐ Civil Plan |
| ☐ Other: _____ | | | |

NOTICE – PLEASE READ BEFORE SIGNING

A minimum 48-hour review period begins at 9:00 a.m. on the day following receipt of this application. No work shall be performed, nor any accepted until a permit has been issued.

CITY OF STEPHENVILLE USE ONLY

Received ____/____/____ .m.
 Approved ____/____/____ .m.
 Contacted ____/____/____ .m.
 Current Zoning Classification _____

Applicant Signature:	Applicants Name (Print):	Date:
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Prior to issuance of a Building Permit, the following items should be submitted in the office of Community Development with an Application for Building Permit. After receiving the necessary items, a review period shall begin.

COMMERCIAL / INDUSTRIAL STRUCTURES

1. A scale drawn* site plan containing the following:
 - (a) All lot lines and lot dimensions
 - (b) All existing and proposed structures
 - (c) Distances between lot lines and buildings (existing and proposed)
 - (d) Distances between buildings
 - (e) Finished floor elevations
 - (f) Proposed routing of drainage water showing all drain ways, curbs, retaining walls, etc.
 - (g) All required parking spaces and loading areas
 - (h) Driveway approach
 - (i) Neighboring Driveway Approach
 - (j) All existing & proposed utilities
2. A scale drawn* plan of the building containing the following:
 - (a) All exterior walls and dimensions
 - (b) All interior walls and partitions
 - (c) Location of all plumbing fixtures, HVAC units and electrical appliances
 - (d) Engineered Mechanical, Plumbing, Electrical & Structural
3. Engineered drainage plan.
4. Landscape plan. *Landscape plan is not required to be prepared by a registered or certified professional).*
5. Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP)? Yes ____ No* ____

Date of survey: ____/____/____ TDH Inspector License No. _____

**If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Stephenville.*

6. Com Check report
7. TDLR – AB Registration Number: _____
8. Provide a digital format of a final site plan, floor plan and drainage plan on all commercial and multi-family structures.

Digital Submittal

- a. All electronic files are to be provided in AutoCAD 2009 dwg. file format or later versions.
 - b. All external references files must be combined with the dwg submittal.
 - c. CD-R may be 650MB, 700MB or larger, (NO ZIP or EXE files shall be submitted with drawings.)
9. NOTE: Under certain conditions, some or all of the following may be required:
 - a. Structural engineering as per TEPA rules
 - b. Other items as may be required by the Staff

NOTICE – PLEASE READ BEFORE ISSUING A PERMIT

Two (2) copies of the Form Board Survey is required to be submitted to the City of Stephenville prior to any foundation inspection on all new structures.

Contractor Acknowledgements

ONLY individual contractors should complete this form

& **MUST BE Signed** by the ****MASTER LICENSE**** HOLDER.

Construction Address: _____

General Contractor/Builder: _____ Cell # _____

GC/Builders Address: _____ Office Phone: _____

MASTER ELECTRICIAN'S STATEMENT

I, _____, do acknowledge that **I will be doing the electrical work** for the Construction at the above stated address. I further acknowledge that the above stated contractor will be obtaining the electrical permit for this project.

Date: _____ Signature: _____ License # _____

Company name, address & phone number: _____

MASTER PLUMBER'S STATEMENT

I, _____, do acknowledge that **I will be doing the plumbing work** for the Construction at the above stated address. I further acknowledge that the above stated contractor will be obtaining the electrical permit for this project.

Date: _____ Signature: _____ License # _____

Company name, address & phone number: _____

MECHANICAL/HVAC STATEMENT

I, _____, do acknowledge that **I will be doing the mechanical/HVAC work** for the Construction at the above stated address. I further acknowledge that the above stated contractor will be obtaining the electrical permit for this project.

Date: _____ Signature: _____ License

_____ Company name, address & phone
number: _____

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Work Flow- New construction, Residential Inspections

- May be altered for Remodels as needed

RESIDENTIAL:

- Plan Review
- Form Survey
- T-Pole
- Plumbing Rough in (Building drain, sewer, water service)
- Foundation
- Electrical rough in
- Mechanical rough in
- Plumbing top out
- Plumbing gas rough in
- Framing
- Energy
- Electrical Meter release
- Plumbing Gas meter Release
- Electrical final
- Mechanical final
- Plumbing final
- Irrigation (As Builds, Backflow test)
- Document collection (RES Check, Form survey, As-Builds, Design professional)
- Building final/ CO

COMMERCIAL:

- Plan review
- Form survey
- T-pole
- Plumbing Rough in (Building drain, sewer, water service, Grease trap)
- Foundation
- Electrical wall rough
- Plumbing top out
- Plumbing gas rough in
- Framing
- Mechanical rough in (RTU, AC Systems, Condensates)
- Mechanical above ceiling (Vent hood, Duct Seal, Plenum ect)
- Electrical Above Ceiling (Hard lids , acoustical drops)
- Electrical Meter Release
- Plumbing Gas meter Release
- Electrical final
- Mechanical final (R-6, Boot connection duct to flex, RTU, AC System)
- Plumbing final

Workflow- New construction, Commercial/ Residential Inspections

- May be altered for Remodels as needed.

RESIDENTIAL:

- Plan Review
- Form Survey
- T-Pole
- Plumbing Rough in (Building drain, sewer, water service)
- Foundation:

Footings, Pier caps, Piers, Grade beam, stem walls, Rebar, Post tension, slab, Floor Framing

- Electrical rough in
- Mechanical rough in
- Plumbing top out
- Plumbing gas rough in
- Framing/Exterior Sheathing
- Interior Sheer walls (Ply or drywall assemblies)
- Brick tie/lath
- Energy (Insulation)
- Electrical Meter release
- Plumbing Gas meter Release
- Electrical final
- Mechanical final
- Plumbing final

Water heater, Domestic Water line, small repair jobs

- Irrigation (As Builds, Backflow test, Freeze sensor)
- Document collection (RES Check, Form survey, As-Builds, Design professional, Backflow)
- Building final/ CO

COMMERCIAL:

- Plan review
- Form survey
- T-pole
- Plumbing Rough in (Building drain, sewer, water service, Grease trap)
- Foundation

Footings, Pier caps, Piers, Grade beam, stem walls, Rebar, Post tension, slab, Floor Framing

- Electrical wall rough
- Plumbing top out
- Plumbing gas rough in
- Framing/ Exterior Sheathing

- Brick tie/Lath
- Mechanical rough in (RTU, AC Systems, Condensates)
- Mechanical above ceiling (Vent hood, Duct Seal, Plenum etc.)
- Electrical Above Ceiling (Hard lids, acoustical drops)
- Electrical Meter Release
- Plumbing Gas meter Release
- Electrical final
- Mechanical final (R-6, Boot connection duct to flex, RTU, AC System)
- Plumbing final

Water heater, Domestic Water line, small repair jobs

- Document collection (COM Check, Form survey, As-Builds, Design Professional, Engineer Inspections SAL)
- Building final/ CO



STREET EXCAVATION AND CURB CUT PERMIT APPLICATION

Application Date:		START Date:		COMPLETION Date:	
Abstract/Addition:		Acres/Block:	Lot(s):	Physical Address/Intersection:	
Applicant/Owner:			Name of Project:		
Mailing Address:		City:		State:	Zip:
Applicant/Owner Phone Number:	Applicant/Owner Fax Number:	Applicant/Owner E-mail:		Within a NFIP Floodway: YES NO	
Contractor's Name	Contractor's Phone Number	Contractor's Mailing Address		Contractor's Zip	

TYPE OF SURFACE	IMPROVEMENTS	EXCAVATION DIMENSIONS	REASON FOR PROJECT
☐ CONCRETE	☐ Street ☐ Median	Depth: _____	Description: _____
☐ ASPHALT	☐ Sidewalk ☐ Parkway/Shoulder	Length: _____	_____
☐ BRICK	☐ Alley ☐ Driveway/Curb	Width: _____	_____
☐ SOIL	☐ Other: _____	# of Cuts: _____	_____
☐ OTHER _____	LANE CLOSED TO TRAFFIC ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Entire ROW	DIRECTION OF CUTS ☐ Crossing ☐ Parallel ☐ Bore	_____

INVESTIGATION RESULTS

☐ Electrical Power Distribution (Red)	1) Provided a set of plans of the proposed construction? () YES () NO
☐ Natural Gas Distribution (Yellow)	2) Is any additional information required? () YES () NO
☐ Water Distribution (Blue)	If so, please state: _____
☐ Storm Drain Lines (Purple)	3) Any other federal, state or local permits submitted? () YES () NO
☐ Sanitary Sewer Lines (Green)	If so, please state: _____
☐ Irrigation (White)	_____
☐ Communication/T.V. (Orange)	_____

Applicant/Contractor's Comments:

GENERAL LAYOUT OF THE SITE

In the event of an EMERGENCY:
Dial 911

Utility	Phone No.
Electrical, Gas, Communication	Dig Tess - Dial 811
Water and Sanitary Sewer	City of Stephenville - (254)918-1257
Cable Television	Northland Cable (254) 918-4189

Applicant Signature:	Applicants Name (Print):	Date:
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Permit Conditions:

1. This permit is task specific (*Identified on page 1 of this application and approved plans*).
2. This permit is required for any excavation beneath and public street, sidewalk, alley, median, parkway, shoulder and/or curb.
3. This permit is required for each excavation activity over 12 inches of excavation.
4. This permit is valid from the proposed start date to the proposed completion date. The Applicant and/or Contractor are responsible for maintaining spotter's marks after permit is issued. Request a Re-spot if spotter's marks are not clearly visible.
5. This permit and all attachment shall be kept at the excavation site during excavation activities.
6. This permit is not intended to be a complete work release document. Other documents or attachment may be required prior to work.
7. This permit is not intended for the installation of foundations.

Site Plan Requirements:

A scale drawing site plan containing the following:

1. All lot lines and lot dimensions;
2. All existing and proposed structures;
3. All existing and proposed driveways;
4. Distances between lot lines and buildings (existing and proposed);
5. Distances between buildings;
6. Distances of existing and proposed driveways (length and width);
7. Distance of right of way (Width);
8. Distance between curb to curb (Width);
9. Distance between property line and street curbing (Width);
10. Proposed routing of drainage water showing all drain ways, curbs, retaining walls, etc.;
11. All required parking spaces and loading areas;
12. Driveway of adjoining properties and dimensions;
13. Driveway of property across the right of way and dimensions.

Suspending Work!

Any and all individuals working under this permit are authorized and required to stop any work activity if:

- Conditions differ from those that have been investigated.
- Unusual odors are discovered during earth work activities.
- Soils are stained
- Buried debris or visible signs of contaminations are observed.
- There is any question about the validity of this permit or accuracy of the spotting or utility location.
- Any utility line located, not identified by the site plan and/or spotter.



WATER / SEWER TAP APPLICATION

Service Address: _____

Property Owner Name (print): _____

Property Owner Email: _____ Phone #: _____

Property Owner Mailing Address: _____

TYPE OF STRUCTURE TO RECEIVE SERVICE (CHECK ALL THAT APPLY)

- ☐ Single Family ☐ Multi-Family (# of units: _____) ☐ Irrigation
☐ Duplex ☐ Commercial / Retail / Industrial ☐ Other: _____

WATER TAP CHARGES

Size	Cost	Quantity	Total
¾ Inch Tap & Meter	\$ 1,915.00	_____	\$ _____
1 Inch Tap & Meter	\$ 2,165.00	_____	\$ _____
1-½ Inch Tap	\$ 2,000.00	_____	\$ _____
2 Inch Tap	\$ 2,900.00	_____	\$ _____
1-½ Inch Meter (<i>at cost</i>)	\$ _____	_____	\$ _____
2 Inch Meter (<i>at cost</i>)	\$ _____	_____	\$ _____
Total Water Tap Charges			\$ _____

SEWER TAP CHARGES

Size	Cost	Quantity	Total
4 Inch Tap	\$ 1,350.00	_____	\$ _____
6 Inch Tap	\$ 1,450.00	_____	\$ _____
_____ Dia. Manhole (<i>at cost</i>)	\$ _____	_____	\$ _____
Total Sewer Tap Charges			\$ _____

NOTES:

1. The Fiscal Year 2024-2025 Fee Schedule ("001 Water Services Rates and Fees" and "012 Sewer Services Rates and Fees") was adopted 09/17/2024 and became effective 10/01/2024.
2. The city provides residential and commercial meters up to 1-inch diameter.
3. The cost of city-approved meters larger than 1-inch shall be borne by the developer. Customer Service will provide an "at-cost" quote.
4. Minimum sewer lateral size: Single Family / Duplex (each unit) – 4" dia.; Multi-Family / Retail / Commercial – 6" dia.; Industrial – determined by Engineer. (*ESM Part II 2.6*)
5. Manholes will be required on 6" dia. and larger laterals where laterals connect to the main line. The cost of required manholes shall be borne by the developer. Customer Service will provide an "at-cost" quote.
6. Water and sewer tap charges do not include street repair. Street repair costs will be invoiced separately. ("402 Street Services Fees": Asphalt Surfaces – \$3.75/sf; Concrete Surfaces: at cost; Brick Surfaces: \$5.25/sf.)
7. **WATER AND SEWER TAPS WILL NOT BE PERFORMED UNTIL A UTILITY ACCOUNT HAS BEEN OPENED AND THE UTILITY DEPOSIT AND CONNECTION FEES HAVE BEEN PAID.**



WATER / SEWER TAP APPLICATION

I have read and understand the above notes. I hereby apply for connection to the water and/or wastewater system at the service address above. If any of the information I have provided is incorrect, I understand that I may be required to pay additional tap fees or other costs associated with the requested connections.

Applicant Signature: _____ **Date:** _____

Applicants applying on behalf of the property owner hereby certify that authorization has been granted by the property owner to act as a designated agent for this application.

Applicant Name (print): _____

Applicant Email: _____ **Phone #:** _____

Applicant Address: _____

FOR CITY USE

Date Received: _____ iWorQ Permit #: _____

Customer Service Approval: _____ Date: _____

Permits Approval: _____ Date: _____

Water Main Size: _____ Existing Water Service: Y / N (Size: _____)

Sewer Main Size: _____ Existing Sewer Service: Y / N (Size: _____)

Existing Sewer Manhole: Y / N (Dia: _____)

Notes: _____

For questions, please contact:

- | | | |
|--------------------|----------------|--|
| ▪ Customer Service | (254) 918-1226 | customerservice@stephenvilletx.gov |
| ▪ Permits | (254) 918-1224 | permits@stephenvilletx.gov |
| ▪ Public Works | (254) 918-1292 | publicworks@stephenvilletx.gov |
| ▪ Utility Billing | (254) 918-1230 | utilitybilling@stephenvilletx.gov |



NO: 26792
SO: _____

APPLICATION FOR UTILITY

Residential Account ()

Name Change Only ()

72 Hour Account ()

Date to Open Account: _____ Account Number: _____

Name: _____ Gender M or F

Social Security #: _____ Driver's License or ID: _____ State: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Employer's Name: _____

Co-Applicant: _____ Gender M or F

Social Security #: _____ Driver's License or ID: _____ State: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Employer's Name: _____

Do you rent () or own () Landlord's Name: _____ Phone: _____

Service Address: _____

Mailing Address: _____

Water Deposit Amount: \$150.00 Connection Fee: \$20.00 Amount Paid: _____

Payment Method: Cash () Credit Card () Card Type: _____

Check () Check # _____ Bank _____

Commercial ()

Date to Open Account: _____

Name of Company or Business: _____

Legal Representative: _____

Driver's License: _____ Social Security #: _____

Federal Tax Id #: _____ Phone Number: _____

Service Address: _____

Mailing Address: _____

A SERVICE DEPOSIT SHALL BE REQUIRED WHICH SHALL BE EQUAL TO AN ESTIMATE OF THE COST OF SIXTY (60) DAYS UTILITY SERVICE, WITH A ONE HUNDRED FIFTY DOLLAR (\$150.00) MINIMUM DEPOSIT. THE AMOUNT OF THE DEPOSIT SHALL BE ESTIMATED BY THE UTILITY BILLING CLERK OR HIS OR HER AUTHORIZED REPRESENTATIVE WHERE BILLING FIGURES FOR A COMPARABLE ESTABLISHMENT IS NOT AVAILABLE.

Water Deposit Amount: _____ Connection Fee: \$20.00 Amount Paid: _____

Payment Method: Cash () Credit Card () Card Type: _____

Check () Check # _____ Bank _____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Water Department Approval _____ Date _____

Do you wish your personal information to be confidential? Yes () or No ()