Life Connected.

Commercial Permit Application

Permit No: _____

ADDRESS OF PROJECT: _____LOT: _____ BLOCK: _____

SUBDIVISION: _____ ZONING DISTRICT: _____ COUNTY: _____

OWNER NAME: _____ PHONE: (_____) _____

OWNER ADDRESS: _____ CITY_____STATE _____ ZIP_____

OWNER E-MAIL ADDRESS: _____

CONTRACTOR NAME: _____ PHONE: (_____) _____

*All contractors and sub-contractors (electrical, mechanical, plumbing, etc.) must be registered prior to receiving a permit.

STREET ADDRESS: _____ CITY_____ STATE _____ ZIP_____

CONTRACTOR E-MAIL ADDRESS: _____

SUB-CONTRACTORS

PAVING: _____

UTILITY: _____

FIRE: _____

MECHANICAL: _____

ELECTRICAL: _____

PLUMBING: _____

MEDGAS: _____

DESCRIPTION OF IMPROVEMENT _____

☐ **Addition/Remodel**	☐ **Foundation Slab/Repair**	☐ **New Multi-Family Bldg**
☐ **Construction Trailer**	☐ **Hardscape/ Landscape**	☐ **Retaining/Screening Wall**
☐ **Demolition**	☐ **New Commercial Building**	☐ **Site Development (Civil Plans)**
☐ **Driveway/Flatwork**	☐ **New Commercial Finish Out**	☐ **Commercial Pool**
☐ **Fence**	☐ **New Commercial Shell**	☐ **Misc/Other/_____**

COST OF IMPROVEMENT (Total Dollar Value of Labor and Materials) $ _____

PROJECT SQUARE FOOTAGE: _____ HEIGHT OF FENCE OR RETAINING WALL: _____

CONSTRUCTION TYPE: _____ TYPE OF MATERIAL: _____

OCCUPANCY TYPE: _____ TOTAL IMPERVIOUS SURFACE: _____

ADDRESS NUMBER MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.

THIS CERTIFIES THAT ON THIS DATE APPLICATION WAS MADE FOR PERMIT WITH THE CITY OF CELINA, AND BY THIS SIGNATURE, THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE CODES, AMENDMENTS AND TOWN ORDINANCES.

APPLICANT PRINTED NAME: _____ **DATE**_____

APPLICANT SIGNATURE: _____ **DATE**_____

Building Services
112 N Colorado St
Celina, TX 75009
972-521-1896
submittal@celina-tx.gov