



Mixed-Use Building Permit Application

Date:

Project Name:

Address:

This application is used for Mixed-Use construction only. Please make sure to include the Commercial Building Checklist with the application.

Applicant		Owner	
Name:		Name:	
Company Name:		Company Name:	
Address:		Address:	
Phone		Phone:	
Email:		Email:	
Property Information (Shell Only)			
Project Address:			
RCAD ID:		Lot:	
		Block:	
Total Sq. Ft:		Stories:	
		#of Buildings:	
Occupancy Load:		Occupancy Type:	
Construction Type:		TDLR Number:	
Fire Sprinklers Yes No		Electric Provider:	
City Sewer Onsite Sewer		Project Value:	
Current Zoning:			
Are there any existing structures on the property?		Yes	No
Will it be necessary to clear trees or vegetation?		Yes	No
Multi-Family Construction			
Total # of Units by Category:		Sq. Ft.:	
#Efficiency Apartments:		#1 Bedroom:	
#2 Bedrooms:		#3 Bedrooms:	
Office Yes No		Clubhouse Yes No	
Other:			
Is there a Pool?		Yes	No



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Commercial Construction

Total # of Commercial Units:

Total Sq. Ft:

Description (Each *Unit Size Proposed Use*):

An issued permit becomes invalid if the work on the site authorized by this permit does not commence within 180 day of issuance, or if the work on this site is incomplete due to suspension or abandonment 180 days from the date in which construction activity last occurred. All permits require final inspection.

I hereby certify that I am an authorized agent of the owner or am the owner, am a registered contractor with the City of Fate (if applicable), & have the owner's consent to enter onto the property to complete the work. After close review of this application, I further certify that the info provided is true & correct to the best of my knowledge. The work shall comply with all provision of laws & ordinances, whether specified or not. The grant of this permit does not give authority to violate or cancel the provisions of any laws regulating construction or the performance of construction. Permission is hereby granted to enter the premises to make all necessary inspections.

Applicant Name:

Signature: