



CITY OF EMORY
PO BOX 100 / 399 N TEXAS ST.
EMORY, TEXAS 75440
903-473-2465

COMMERCIAL PERMIT APPLICATION

Building Permit Number: _____ Valuation: _____
Project Name: _____ Zoning: _____
Project Address: _____ Square Foot: _____

Project Description: *(circle one)*

New Addition Remodel Finish-out Sign Plumbing
Mechanical Electrical Other

Scope of Work: _____

IS THIS PROPERTY IN A FLOOD PLAIN: (circle one) YES NO If yes, provide Flood Plain Certificate to City

Owner Information: _____

Name: _____ Project Contact Person: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Email: _____

Engineer	Contact Person	Phone #	Email
Architect	Contact Person	Phone #	Email
General Contractor	Contact Person	Phone #	Email
Mechanical Contractor	Contact Person	Phone #	Email
Plumbing Contractor	Contact Person	Phone #	Email
Electrical Contractor	Contact Person	Phone #	Email
TPO Energy Provider	Contact Person	Phone #	Email

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time work is commenced. ALL permits require final inspection.

A certificate of occupancy must be issued before any building is occupied.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.

Signature of Application: _____ Date: _____

OFFICE USE ONLY: Approvals are required from all departments prior to issuance of permit.

Plan Review _____ Fire _____
Public Works _____ Planning _____

Building Permit Fee: _____ Plan Review Fee: _____ Water Tap Fee: _____ Sewer Tap Fee: _____ Meter Deposit Fee: _____

Total Fees: _____ Receipt: _____ Issued Date: _____ Issued By: _____ BV Project #: _____