



CITY OF SUGAR LAND
Permits & Inspections Department

COMMERCIAL BUILDING PERMIT APPLICATION

APPLICATION # _____

VALUATION: \$ _____

PROJECT ADDRESS: _____ SQUARE FOOTAGE: _____

PROJECT NAME: _____

- TYPE OF PERMIT:
New Commercial Ground Up (SITE PLAN APPROVAL REQUIRED TO OBTAIN CONSTRUCTION PERMIT)
Commercial Build-Out
Commercial Addition
Commercial Remodel
Driveway/Flatwork
Piers
Moving/Temporary (\$108.75 flat fee)
Fencing

A CERTIFICATE OF OCCUPANY (CO) APPLICATION WILL NEED TO BE FILLED OUT PRIOR TO ISSUANCE OF A CO OR TEMPORARY CO

This project will handle or store food for the public, contain food production facilities that can serve large groups or involves installing a walk-in refrigerator &/or freezer.

Exterior Modifications Only: This work DOES NOT lie within the authority of a POA. If it does, you must provide a copy of notification letter sent to the POA

TDLR NUMBER: _____ (If valuation is > \$50,000) Texas Accessibility Standards (ADA 800/803-9202)

Contractor Street Address City State Zip Code Phone

Project Owner Street Address City State Zip Code Phone

Engineer/Architect/Designer Street Address City State Zip Code Phone

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 herein 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 or the performance of construction.

Signature Date Printed Name Company

Phone Fax Cell Email

Plan Check Fee (Due at time of submittal):\$ _____

PAY BY ESCROW ACCOUNT []

Building Permit Fee: \$ _____

PROJECT DATA SHEET

PROJECT ADDRESS: _____

PROJECT NAME: _____

USE / OCCUPANCY GROUP: _____ MAX. OCCUPANCY: _____
(per IBC Sec. 302) (per IBC Sec. 1004)

TYPE OF CONSTRUCTION: _____ FIRE SPRINKLERS: YES / NO
(per IBC Ch. 6) (Please Circle One)

TOTAL SQUARE FOOTAGE: _____

ZONING DISTRICT: _____ SIC CODE: _____

DESCRIPTION OF USE & OCCUPANCY:

* PROVIDE A LETTER OF DETAIL DESCRIPTION OF USE FOR BUSINESS AT THIS LOCATION ON COMPANY LETTERHEAD WITH SIGNATURE (FOR REMODELS, ADDITIONS & BUILDOUTS ONLY)

FOR OFFICE USE ONLY

PLAN REVIEWED BY: _____

ZONING / LAND USE VERIFIED BY: _____

APPROVED FOR ISSUANCE BY: _____



CITY OF SUGAR LAND

BUILDING PERMIT FLOODPLAIN REVIEW CHECKLIST

ADDRESS: _____ APPLICATION NO.: _____

1. Is the proposed building/ structure located within a special flood-hazard area as shown on the Effective Flood Insurance Rate Map?
 Yes No

2. Is the proposed building/structure located within a floodway as shown on the Effective Flood Insurance Rate Map (FIRM)?
 Yes No

3. If you answer yes to either of the above two questions, please complete the City's Floodplain Development Permit Application and include the \$100.00 application fee effective January 1, 2013. (per Ordinance No. 1874)

4. If you answer no to questions (1) and (2), please provide the following information, only if, the proposed buildings/ structures are located within 500 ft distance from a flood hazard area as shown on the effective FIRM:
 - The distance (ft) of the proposed building/ structure from the effective flood-hazard area boundary:
 - Base-flood elevation (BFE) data in the proximity of the proposed building/ structure (ft):
 - Lowest Finished Floor Elevation of the proposed building/ structure (ft):
 - Natural (undisturbed) Ground Elevation at the site of the proposed building/ structure (ft):
 - Attach Elevation Certificate or Elevation Survey from a Registered Surveyor or a Registered Engineer:

♦ Please ensure that the datum used to report elevation data requested above are consistent (same datum). Otherwise, report datum adjustment factors.

5. Other relevant information

Contact Name & number for Applicant: _____

RECOMMENDATION		
Grant Permit	Request Additional Information	Deny Permit
_____	_____	_____
Building Official/ Floodplain Administrator	Date	



INDUSTRIAL PRETREATMENT QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND RETURN TO:

Sune Nantah
City of Sugar Land
111 Gillingham Ln
Sugar Land, TX 77478
281-275-2493

Please answer the following:

1. Name of Business: _____ Telephone: _____
2. Location: _____
Mailing Address: _____
3. Owner: _____
4. Type of Business: _____
5. On-site processes: _____
6. Water Customer Account Number: _____
7. Federal SIC number: _____
8. Waste process: _____
9. Major Chemicals Used: (soaps, detergents, caustics, solvents, acids, metal salts, cyanides)

10. Water Source (check): City _____ Metered _____ Private Well _____ Unmetered _____
11. Method of Wastewater Disposal: (Check all that apply.)
City Sewer _____ Septic Tank _____ Haul _____ Other _____
12. Wastewater estimated to be discharged in sewer system on operating days:
Maximum _____ GPD Minimum _____ GPD Average _____ GPD
Check One: Domestic _____ Industrial _____ Both _____
13. Volume of Grease Trap: _____ Volume of Sand Trap: _____
Water Volume of Settling Tank: _____ gallons
Other: (Describe) _____
Serviced By: _____ Telephone: _____
Address: _____ Frequency: _____

14. Other Wastes:

Are there any liquid wastes generated and disposed of in the sewer system? Yes___ No___

If yes, these wastes may be best described as:

- Inks/Dyes Paints
- Trace Metals Pesticides
- Oil and Grease Plating Wastes
- Organic Compounds Solvent Thinners
- Acids or Alkalies Pretreatment Sludge
- Other Wastes: (Describe)

Are there any liquid wastes or sludge disposed of by other means? Yes___ No___

If yes, describe: _____

For the aforesaid wastes, does your company practice:

- On-Site Storage
- On-Site Disposal
- Off-Site Disposal

Services By: _____ Telephone: _____

Address: _____ Frequency: _____

I have personally examined and I am familiar with the information submitted in this document and attachments. Based upon by inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Signature of Official: _____

Please Print Name: _____

Title: _____

Date: _____

STANDARD SANITARY SEWER USAGE CATEGORIES

Circle the item that most accurately defines your business and fill in the quantity

<u>INTENDED/PREVIOUS USE:</u>		<u>UNIT OF MEASURE</u>	<u>INTENDED/PREVIOUS USE:</u>		<u>UNIT OF MEASURE</u>
A)	Residential Development			Cleaning Development (con't)	
	1. Single Family Residential	# of Units		reclaim (wand type)	# Bays
	2. Townhouse/Patio/Cluster Homes	# of Units		c. Commercial w/o reclaim (tunnel type)	# of Bays
	3. Duplex/Triplex	# of Units		d. Commercial w/ reclaim (tunnel type)	# of Bays
	4. Fourplex	# of Units			
	5. Condominium	# of Units		G) Recreational Development	
	6. Apartment with Washer/Dryer	# of Units		1. Theater Indoor	# of Seats
B)	Institutional Development			2. Skating Rink	# Capita
	1. Church			3. Bowling Alley	# of Lanes
	a. Sanctuary	# of Seats		4. Swimming Pool	# of Swimmers
	b. Administration Building	# Personnel		5. Stadium	# of Seats
	c. Day School Classroom	# Students		6. Health Club/Spa w/Swimming Pool and/or whirlpool	# Member/Day
	2. School				
	a. Unspecified	# Students		7. Health Club/Spa w/o Swimming Pool and/or whirlpool	# Member/Day
	b. Elementary	# Students			
	c. Day Care Center	# Students		H) Service Station Development	
	d. Residential	# Students		1. Station w/service (maximum of 1000 GPD if no car wash)	# of Islands
	e. Dormitory	# Students		2. Self Service Station	#Sq. Ft.
	3. Hospital	# of Beds		I) Hotel/Motel Development	
	4. Nursing Home	# of Beds		1. Hotel/Motel (excluding restaurant)	# of Rooms
	5. Prison	# Inmates		2. Hotel/Motel (w/kitchenettes)	# of Rooms
C)	Office/Retail Development			J) Industrial Development	
	1. Office Building	# Sq. Ft.		1. Warehouse	# Sq. Ft.
	2. Retail Store	# Sq. Ft.		2. Factory w/shower	# Capita
D)	Restaurant Development			3. Factory w/o shower	# Capita
	1. Average Full Service 10-12 Hours	# of Seats		4. Factory Residential	# Capita
	2. Twenty Four (24) Hour Full Service	# of Seats		5. Industrial Laundry	# Capita
	3. Tavern or Lounge (No Food Service)	# of Seats		6. Clothes or Manufacturing	# Sq. Ft.
	4. Soda Fountain (Ice Cream Parlor)	# of Seats		K) Transportation Terminal Development	
	5. Fast Food Paper Plate Service	# of Seats		1. Transportation Terminal (excluding restaurants)	# Passenger
	6. Bakery	# Sq. Ft.			
	7. Pizza Parlor	# of Seats		L) Other	
	8. Fast Food (No Seating)	# Sq. Ft.		1. Film Processor	# Processor
E)	Barber/Beauty Shop	# Shampoo Bowls		2. Fire Station	# Personnel
F)	Cleaning Development			3. Funeral Homes	# Personnel
	1. Washateria (Based on 50 G/Wash and 10Washes/day)	# Machines		4. Technicolor One Hour Photo	# of Stores
	2. Carwash			5. Irrigation	gal/yr
	a. Individual Bay, self service w/o reclaim (wand type)	# Bays		M) Not listed – call Public Works (281) 275-2450	
	b. Individual Bay, self service with				

COMMERCIAL BUILDING PERMIT CHECK-LIST

PLEASE VERIFY THE FOLLOWING INFORMATION BY PLACING A CHECK MARK BY EACH ITEM.

- 3 SETS OF PLANS SUBMITTED _____
- LETTER OF DETAIL DESCRIPTION OF USE ON COMPANY LETTERHEAD WITH SIGNATURE
(FOR REMODELS, ADDITIONS & BUILDOUTS ONLY) _____
- COMPLETED APPLICATION _____
- PROJECT DATA SHEET _____
- FLOODPLAIN REVIEW CHECKLIST (IF APPLICABLE) _____
- INDUSTRIAL PRE-TREATMENT QUESTIONNAIRE (IF APPLICABLE) _____
- WATER/WASTEWATER EQUIVALENT CONNECTIONS (IF APPLICABLE) _____
- CRANE INFORMATION FOR PROPOSED CONSTRUCTION (IF APPLICABLE) _____
- ASBESTOS SURVEY (IF APPLICABLE) _____

A copy of the asbestos survey for the area(s) to be renovated/demolished has been included with this permit application. This survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP).

If there is no survey submitted, 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 Sugar Land.

For office use only

Processed by: _____ (Date) _____

City of Sugar Land- Application for New Meter Utility Service:

Please Print

Application is required prior to tapping the city water main. Monthly billing will commence upon meter installation. Please complete and deliver this form along with appropriate fee (see attached fee price list) to City of Sugar Land Treasury Management Department, 2700 Town Center Blvd North. Sugar Land, TX 77479 during business hours (M-F 8am – 5pm).

Type of Facility: _____ Residential OR _____ Commercial

(Check One)

Meter to be used for: _____ Irrigation only OR _____ Facility/Building

(Check One)

Project (if applicable): _____

Service Address: _____

Subdivision: _____

Legal Description: _____

Meter Size: _____ Sewer Line Size: 4" _____ 6" _____ 8" _____

(Check One)

Applicant Name: _____ Phone: _____ Alternate Phone: _____

Mailing Address: _____

City: _____ Zip Code: _____

Contact Person: _____

Email address: _____

For residents only: I request that my personal utility account information be kept confidential.

I understand that a \$50 deposit for residential meters, \$70 deposit for commercial meters, or a \$100 deposit for landscape meters will be billed to my account unless a letter of reference is provided at the time of application. Letter of reference must be from another utility company and indicate no outstanding balance and no disconnections for non-payment during the last 12 consecutive billing cycles.

Signature: _____

Date: _____

Field Crew: Please provide the following information when the meter is connected to the main:

Meter Make: _____

Meter Size: _____

Meter Number: _____

Meter Reading: _____

Date: _____

Treasury Management Department Receipt

Building Meter
Amount Paid
(If applicable)

Irrigation Meter
Amount Paid
(if applicable)

Meter Set: _____ Address: _____

Meter Tap: _____ Account #: _____

Sewer Tap: _____ Customer: _____

Total Paid: _____ Rec'd by: _____ Date: _____



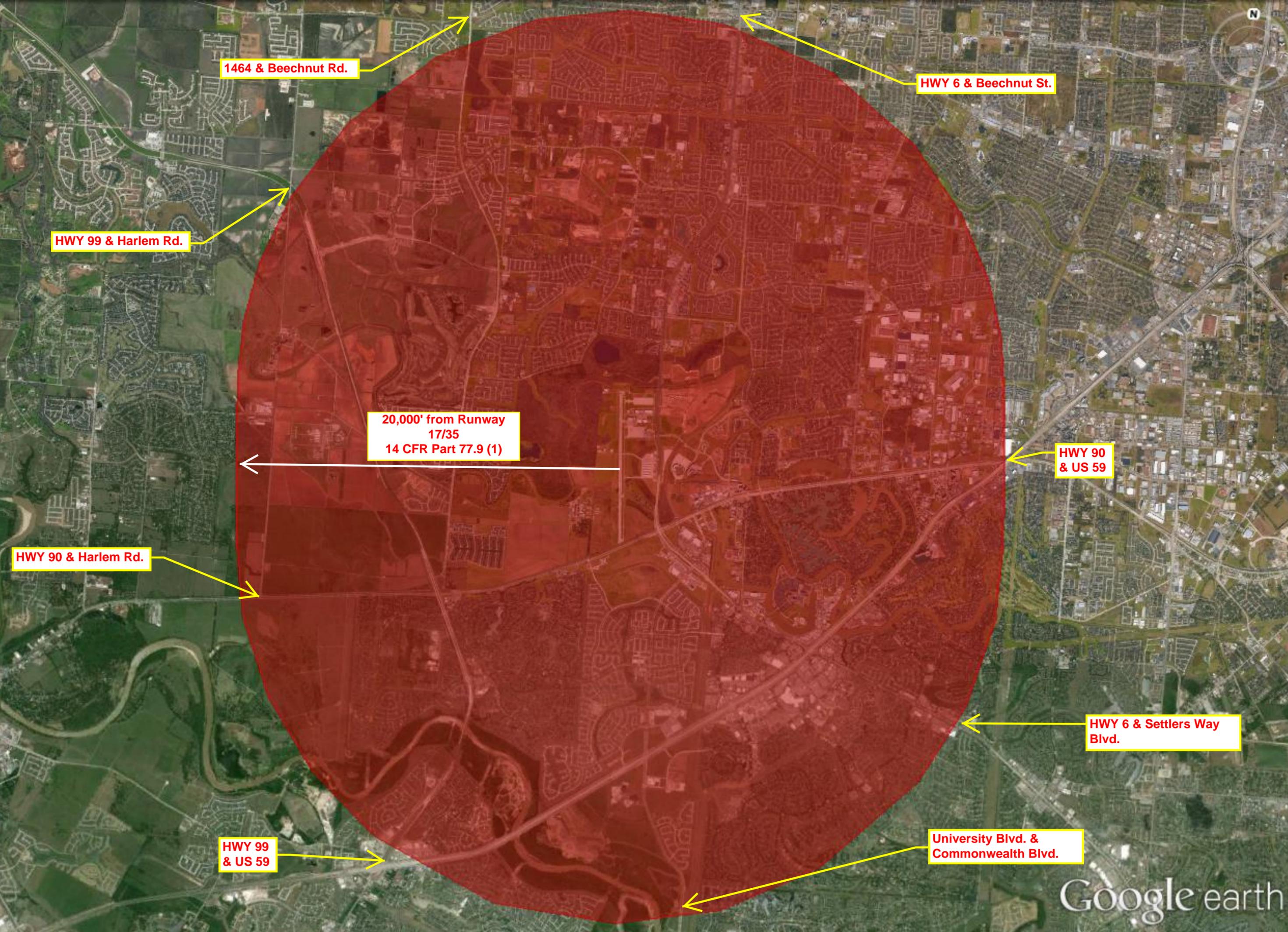
SUGAR LAND REGIONAL AIRPORT

CRANE INFORMATION FOR PROPOSED CONSTRUCTION

14 CFR PART 77.9

Construction/Contractor													
Company Name													
Address													
Contact Name													
Telephone						Cellular							
Fax						Email							
Site													
Site Owner Name													
Site Address													
Contact													
Site/lot number						Cellular							
Elevations		Ground (AGL)		Ft		m		Structure Height		Ft.		m	
Crane Operator/Owner													
Company Name													
Address													
Contact													
Telephone						Cellular							
Fax						Email							
Coordinates		°		'		"		N Latitude		°		' W Longitude	
Type of Equipment		Tower Crane		Yes		No		Mobile		Yes		No	
NOTE: A site drawing or aerial photograph with crane location(s) identified must be submitted with all applications.		Maximum Height to be reached during construction						Ft.		m			
		Lights **Crane must be illuminated if left up at night						Paint					
		Flag **Crane must have a flag during the day. Lower the crane when not in use. Call before raising the crane.											
Scope of Work													
Duration of Construction													
Start Date								End Date					
Hours of Operation													
Applicant Signature													
I hereby certify that the information provided is true, complete and correct to the best of my knowledge													
Applicant's Name						Date							
Signature													

For more information or questions regarding cranes, please contact Airport Operations at **281-275-2100**
 Cranes within 20,000' of Runway 17/35 may need approval by the FAA through FAA Form 7460-1 (See Attached Map)



1464 & Beechnut Rd.

HWY 6 & Beechnut St.

HWY 99 & Harlem Rd.

20,000' from Runway
17/35
14 CFR Part 77.9 (1)

HWY 90
& US 59

HWY 90 & Harlem Rd.

HWY 6 & Settlers Way
Blvd.

HWY 99
& US 59

University Blvd. &
Commonwealth Blvd.