



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 (\$110.25 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: \_\_\_\_\_

<b>RECOMMENDATION</b>		
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			7. Health Club/Spa w/o Swimming Pool and/or whirlpool	# Member/Day _____
	a. Unspecified	# Students _____		8. Racquetball Club	# of Courts _____
	b. Elementary	# Students _____	H)	Service Station Development	
	c. Day Care Center	# Students _____		1. Station w/service (maximum of 1000 GPD if no car wash)	# of Islands _____
	d. Residential	# Students _____		2. Self Service Station	#Sq. Ft. _____
	e. Dormitory	# Students _____	I)	Hotel/Motel Development	
	3. Hospital	# of Beds _____		1. Hotel/Motel (excluding restaurant)	# of Rooms _____
	4. Nursing Home	# of Beds _____		2. Hotel/Motel (w/kitchenettes)	# of Rooms _____
	5. Prison	# Inmates _____	J)	Industrial Development	
C)	Office/Retail Development			1. Warehouse	# Sq. Ft. _____
	1. Office Building	# Sq. Ft. _____		2. Factory w/shower	# Capita _____
	2. Retail Store	# Sq. Ft. _____		3. Factory w/o shower	# Capita _____
D)	Restaurant Development			4. Factory Residential	# Capita _____
	1. Average Full Service 10-12 Hours	# of Seats _____		5. Industrial Laundry	# Capita _____
	2. Twenty Four (24) Hour Full Service	# of Seats _____		6. Clothes or Manufacturing	# Sq. Ft. _____
	3. Tavern or Lounge (No Food Service)	# of Seats _____	K)	Transportation Terminal Development	
	4. Soda Fountain (Ice Cream Parlor)	# of Seats _____		1. Transportation Terminal (excluding restaurants)	# Passenger _____
	5. Fast Food Paper Plate Service	# of Seats _____	L)	Other	
	6. Bakery	# Sq. Ft. _____		1. Film Processor	# Processor _____
	7. Pizza Parlor	# of Seats _____		2. Fire Station	# Personnel _____
	8. Fast Food (No Seating)	# Sq. Ft. _____		3. Funeral Homes	# Personnel _____
E)	Barber/Beauty Shop	# Shampoo Bowls _____		4. Technicolor One Hour Photo	# of Stores _____
F)	Cleaning Development			5. Irrigation	gal/yr _____
	1. Washateria (Based on 50 G/Wash and 10Washes/day)	# Machines _____	M)	Not listed – call Public Works (281) 275-2450	
	2. Carwash				
	a. Individual Bay, self service w/o reclaim (wand type)	# Bays _____			
	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) \_\_\_\_\_