



CITY OF SUGAR LAND
Permits & Inspections Department

COMMERCIAL BUILDING PERMIT APPLICATION

** PLEASE NOTE **
1 USB with electronic set of plans required with submittal

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
Pool
Driveway/Flatwork
Piers
Moving/Temporary (\$112.50 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: \$ _____

COMMERCIAL BUILDING PERMIT CHECK-LIST

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

- ***** 1 USB WITH ELECTRONIC SET OF PLANS** _____
- 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.

Applicant Signature: _____ Date: _____

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 applicable fee.

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: _____



CITY OF SUGAR LAND

WATER AND WASTEWATER EQUIVALENT CONNECTIONS

Project Name:				
Address:			City, State, Zip:	
Legal Description:				
Previous/Current Use:		Proposed Use: <i>(Refer to the backside for this form)</i>		Unit of Measure:
Owner's Name:		Address:		City, State, Zip:
Owner's Contact Person:		Telephone: E-mail Address:		Fax:
Builder's Name:		Address:		City, State, Zip:
Builder's Contact Person:		Telephone: E-mail Address:		Fax:
Square Footage	Sanitary Sewer Lead Size	Water Meter Size (Inches)		
		Domestic	Fire	Irrigation

I HEREBY CERTIFY THAT THE DATA PRESENTED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Printed Name _____ Owner, Builder or Agent (Signature) _____ Telephone _____ Date _____

DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

SERVICE AREA NO.: _____

TOTAL FLOW _____
DIVIDED BY 315 GPD = _____
COMPUTED BY: _____

TOTAL EQUIVALENT CONNECTIONS _____
DATE: _____

cc: Revenue Officer (Original)
Owner/Builder

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 _____			
	b. Elementary	# Students _____		8. Racquetball Club	# of Courts _____
	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. _____	L)	Other	
	7. Pizza Parlor	# of Seats _____		1. Film Processor	# Processor _____
	8. Fast Food (No Seating)	# Sq. Ft. _____		2. Fire Station	# Personnel _____
E)	Barber/Beauty Shop	# Shampoo Bowls _____		3. Funeral Homes	# Personnel _____
F)	Cleaning Development			4. Technicolor One Hour Photo	# of Stores _____
	1. Washateria (Based on 50 G/Wash and 10Washes/day)	# Machines _____		5. Irrigation	gal/yr _____
	2. Carwash		M)	Not listed – call Public Works (281) 275-2450	
	a. Individual Bay, self service w/o reclaim (wand type)	# Bays _____			
	b. Individual Bay, self service with				