

PROJECT DATA SHEET

PROJECT ADDRESS: _____

PROJECT NAME: _____
SUBDIVISION: _____

COMMERCIAL PROJECTS PLEASE FILL OUT THE FOLLOWING

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: _____

DESCRIBE USE & OCCUPANCY:

FOR OFFICE USE ONLY

PERMIT FEE: \$ _____ PLAN CHECK FEE: \$ _____ DEMO FEE: \$ _____

TOTAL FEE: \$ _____

PLAN REVIEWED BY: _____

ZONING / LAND USE VARRIFICATION 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.

- 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

For questions pertaining to this page, please contact Richard Mancilla at (281) 275-2218 or rmancilla@sugarlandtx.gov.



INDUSTRIAL PRETREATMENT QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND RETURN TO:

Polly Witte
City of Sugar Land
P.O. Box 110
Sugar Land, TX 77487-0110
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 _____			
	4. Fourplex	# of Units _____	d.	Commercial w/ reclaim (tunnel type)	# of Bays _____
	5. Condominium	# of Units _____			
	6. Apartment with Washer/Dryer	# of Units _____	G)	Recreational Development	
B)	Institutional Development			1. Theater Indoor	# of Seats _____
	1. Church			2. Skating Rink	# Capita _____
	a. Sanctuary	# of Seats _____		3. Bowling Alley	# of Lanes _____
	b. Administration Building	# Personnel _____		4. Swimming Pool	# of Swimmers _____
	c. Day School Classroom	# Students _____		5. Stadium	# of Seats _____
	2. School			6. Health Club/Spa w/Swimming Pool and/or whirlpool	# Member/Day _____
	a. Unspecified	# Students _____			
	b. Elementary	# Students _____		7. Health Club/Spa w/o Swimming Pool and/or whirlpool	# Member/Day _____
	c. Day Care Center	# Students _____			
	d. Residential	# Students _____		8. Racquetball Club	# of Courts _____
	e. Dormitory	# Students _____	H)	Service Station Development	
	3. Hospital	# of Beds _____		1. Station w/service (maximum of 1000 GPD if no car wash)	# of Islands _____
	4. Nursing Home	# of Beds _____		2. Self Service Station	#Sq. Ft. _____
	5. Prison	# Inmates _____	I)	Hotel/Motel Development	
C)	Office/Retail Development			1. Hotel/Motel (excluding restaurant)	# of Rooms _____
	1. Office Building	# Sq. Ft. _____		2. Hotel/Motel (w/kitchenettes)	# of Rooms _____
	2. Retail Store	# Sq. Ft. _____	J)	Industrial Development	
D)	Restaurant Development			1. Warehouse	# Sq. Ft. _____
	1. Average Full Service 10-12 Hours	# of Seats _____		2. Factory w/shower	# Capita _____
	2. Twenty Four (24) Hour Full Service	# of Seats _____		3. Factory w/o shower	# Capita _____
	3. Tavern or Lounge (No Food Service)	# of Seats _____		4. Factory Residential	# Capita _____
	4. Soda Fountain (Ice Cream Parlor)	# of Seats _____		5. Industrial Laundry	# Capita _____
	5. Fast Food Paper Plate Service	# of Seats _____		6. Clothes or Manufacturing	# Sq. Ft. _____
	6. Bakery	# Sq. Ft. _____	K)	Transportation Terminal Development	
	7. Pizza Parlor	# of Seats _____		1. Transportation Terminal (excluding restaurants)	# Passenger _____
	8. Fast Food (No Seating)	# Sq. Ft. _____	L)	Other	
E)	Barber/Beauty Shop	# Shampoo Bowls _____		1. Film Processor	# Processor _____
F)	Cleaning Development			2. Fire Station	# Personnel _____
	1. Washateria (Based on 50 G/Wash and 10Washes/day)	# Machines _____		3. Funeral Homes	# Personnel _____
	2. Carwash			4. Technicolor One Hour Photo	# of Stores _____
	a. Individual Bay, self service w/o reclaim (wand type)	# Bays _____		5. Irrigation	gal/yr _____
	b. Individual Bay, self service with		M)	Not listed - call (281) 275-2780	

COMMERCIAL BUILDING PERMIT CHECK-LIST

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

- 3 SETS OF PLANS SUBMITTED _____
- PROJECT NAME LISTED ON THE APPLICATION & PROJECT TYPE IS CHECKED _____
- APPLICATION IS CURRENT AND CONTAINS ALL CONTACT INFORMATION (FAX, EMAIL, PHONE, & INFORMATION PROVIDED IS LEGIBLE) _____
- RESUBMITTAL / REVISED APPLICATIONS ATTACHED (FAX, EMAIL, PHONE, & INFORMATION PROVIDED IS LEGIBLE) _____
- PROJECT DATE SHEET IS FILLED OUT & ATTACHED _____
- DATE STAMPED IS CORRECT & PERSON ENTERING INITIALS _____
- PRE-TREATMENT FORM IS FILLED OUT AND ATTACHED TO APPLICATION _____
- VALUATION OF THE PROJECT IS FILLED OUT, SQUARE FOOTAGE, PROPOSED USE _____

PLAN CHECK FEE (CASH, CHECK, VISA, MC, OR MONEY ORDER)

For office use only

Processed by: _____ (Date) _____

****Any submittals that do not meet all the requirements on the checklist should not be accepted. If plans are received by the DRC Coordinators with missing information they will be sent back downstairs.****