



CITY OF SUGAR LAND
Department of Building Safety 281-275-2270

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
Temporary Construction Trailer (\$122.75 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

PAY BY ESCROW [ ] Plan Check Fee (Due at time of submittal):\$ \_\_\_\_\_ Building Permit Fee: \$ \_\_\_\_\_

# COMMERCIAL BUILDING PERMIT CHECK-LIST

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

- HARD COPY OF 1ST PAGE OF COMPLETED PERMIT APPLICATION \_\_\_\_\_
- 1 USB WITH ALL APPLICABLE PAGES OF COMPLETED APPLICATION, PLAN SET, and REFERENCE DOCUMENTS \_\_\_\_\_

## **, USB SHOULD INCLUDE: ,**

- **Eqo r igvg'Rncp'UGV'cpf 'CNN'err rdec dng'f qewo gpw'ct g'vq'dg'kpenmf gf 'in electronic submittals on a USB/flash drive including, but not limited to, applications, permits, use/revision/resubmittal narratives, scope of work, comment response letter, architectural, structural, mechanical, electrical, plumbing, fire, health, civils, Sugar Land design standards, any supporting documents, energy compliance, asbestos reports, third party inspection reports, special inspection reports, manufacture specifications, safety data sheets, TAS/TDLR #, etc. in PDF format. Plan sheet to be formatted as one PDF with accompanying documents as individual PDF's.**
- **NGVVGT'QHFGVCKN'FGUETRVIQP'QHWUG'QP'E QO RCP[ 'NGVVGTJ GCF 'Y KWJ " UK P CVWTG' \*HQT'TGO QF GNU.'CFF KVIQPU( 'DWKNF QWU'QPN[ +'aaaaaaaa**
- **EQO RNVGF 'CRRNKE CVIQP 'aaaaaaaa**
- **RTQLGEV'FCVC'UJ GGV'aaaaaaaa**
- **HNQQFRNCKP'TGXKGY 'EJ GEMNKUV'\*H'CRRNKE CDNG+'aaaaaaaa**
- **KPFWUVTICN'RTG/VTGCVO GPV'S WGVVIQPCKTG'\*H'CRRNKE CDNG+'aaaaaaaa**
- **Y CVGTIY CUVGY CVGT'GS WXCNGPVEQP PGEVIQPU'\*H'CRRNKE CDNG+'aaaaaaaa**
- **ETCPG'KPHQTO CVIQP 'HQT'RTQRQUGF 'EQP UVTWEVIQP '\*H'CRRNKE CDNG+'aaaaaaaa**
- **CUDGUVQUUWIXG[ '\*H'CRRNKE CDNG+'aaaaaaaa**  
**C'eqr{ 'qhvj g'cudguqu'lwtxg{ 'hqt 'vj g'ctgc \*u'vq'dg't gpqxcvgf lf go qrkuj gf 'j cu'dggp'kpenmf gf 'y kj "**  
**vj kuf'gt o k'err rdecvqp0'Vj kuf'lwtxg{ 'j cu'dggp'f qpg'kp'ceeqtf cpeg'y kj 'vj g'Vgzcu'Cudguqu'J genj "**  
**Rt qvgevqp'T wgu**  
**\*VCJ RT+'cpf 'vj g'PcvkqpcrGo kukqp'Ucpcf ctf u'hqt 'J c| ctf qwu'Clk 'Rqmwepwu'\*PGUJ CR=0**  
**K'vj gt g'kuf'p'lwtxg{ 'uwdo kwgf . 'vj gp'cu'vj g'ly pgt lqr gt cvqt 'qhvj g't gpqxcvqp lf go qrkuj'k'K'**  
**wpf gt uwpf 'vj cvk'kuf' { 't gur qpukdkw{ 'vq'j cxg'vj k'cudguqu'lwtxg{ 'eqpf wevgf 'kp'ceeqtf cpeg'y kj "**  
**Vgzcu'Cudguqu'J genj 'Rt qvgevqp'T wgu'\*VCJ RT+'cpf 'vj g'PcvkqpcrGo kukqp'Ucpcf ctf u'hqt "**  
**J c| ctf qwu'Clk 'Rqmwepwu'\*PGUJ CR+'t kqt 'vq'c' t gpqxcvqp lf go qrkuj'f gt o k'dgpi 'kuwgf 'd{ 'vj g'**  
**Elk{ 'qhvj ct 'Ncpf 0**

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: \_\_\_\_\_

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: \_\_\_\_\_

<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: \_\_\_\_\_



CITY OF SUGAR LAND

WATER AND WASTEWATER EQUIVALENT CONNECTIONS

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

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 _____			
	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 Public Works (281) 275-2450	





## OBSTRUCTION EVALUATION FORM

**Date:**

**Company Name:**

**Contact Name:**

**Phone:**

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**Will the project use a temporary crane and/or tall equipment?**

YES

NO

**What is the height of the building or structure being constructed?**

(Feet - AGL)

**Address:**

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**Temporary Obstruction Information (If Applicable)**

**Type of Obstruction:**

**Crane or Equipment Operator:**

**Phone:**

**Obstruction Height (Above Ground Level)                      (Feet)**

**Location**

**GPS Coordinate(s):**

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*Permanent or temporary obstructions may need Federal Aviation Administration review and approval in order to protect the navigable airspace, as outlined in 14 CFR Part 77  
For more information please contact Airport Operations, Mitchell T. Davies at 281-275-2100*



## DEVELOPMENT SERVICES

### **2015 INTERNATIONAL ENERGY CONSERVATION CODE** **Compliance Procedures**

#### Plan Review Requirements

The City of Sugar Land shall require any persons requesting a Building Permit for new construction or a remodel/addition of a structure to submit proof of compliance with the 2015 International Energy Conservation Code.

Approved Method:

RES (Residential) or COM (Commercial) check Energy Code Compliance Software

1. Provide a RES or COM check Compliance Report and a RES or COM check Inspection Checklist. (RES or COM check software is available free of charge thru the US Department of Energy. [www.energycodes.gov](http://www.energycodes.gov))
2. Include with the above information three complete sets of construction drawings. (Include with the drawings)
  - a. A door schedule detailing the Gross Area, U-Factor and the type of each individual door located in the building envelope.
  - b. A window schedule detailing the Gross Area, U-Factor and the type of each individual window located in the building envelope. Note: (The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed 0.4)
  - c. A detail identifying the R-Value of the insulation to be installed in the walls and at the ceiling located in the building envelope.

The provisions of this document are not intended to prevent an alternative method of compliance provided the Building Official finds that the proposed method is satisfactory and complies with the intent of the provisions of the 2015 International Energy Conservation Code.

Please feel free to contact our office if you have any questions regarding the above information at (281) 275-2270.



## FEE SCHEDULE

*EFFECTIVE JANUARY 1, 2022*

PLAN-CHECKING FEES WILL BE REQUIRED  
AT THE TIME OF SUBMITTING PLANS  
AND SPECIFICATIONS FOR CHECKING

### RECOMMENDED SCHEDULE OF PERMIT FEES

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#### \*PERMIT FEES

Total Valuation	Fee
\$1 to \$50,000-----	\$20.50 for the first \$1,000 plus \$6.75 for each additional thousand or fraction thereof, to and including \$50,000.
\$50,000 to \$100,000-----	\$356.00 for the first \$50,000 plus \$5.50 for each additional thousand or fraction thereof, to and including \$100,000.
\$100,000 to \$500,000-----	\$628.00 for the first \$100,000 plus \$3.75 for each additional thousand or fraction thereof, to and including \$500,000.
\$500,000 and up-----	\$2,268.25 for the first \$500,000 plus \$2.25 for each additional thousand or fraction thereof.

**\*THE MINIMUM BUILDING PERMIT FEE FOR ANY PROJECT IS \$58.25**

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#### \*PLAN-CHECKING FEES

When the valuation of the proposed construction exceeds the minimum permit fee, **a plan-checking fee shall be paid to the building official at the time of submitting plans and specifications for checking.** Said plan-checking fee shall be equal to one-half of the building permit fee. Such plan-checking fee is in addition to the building permit fee.

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*2015 International Building Codes [www.iccsafe.org](http://www.iccsafe.org)*

*2014 National Electrical Code [www.nfpa.org](http://www.nfpa.org)*

**Thank you,  
Development Services Management**

# ASBESTOS REGULATION

## Senate Bill 509

An Act which became effective on January 1, 2002, relating to an asbestos survey before issuance of a building permit to renovate or demolish certain buildings.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. The Texas Asbestos Health Protection Act (Article 4477-3a, Vernon's Texas Civil Statutes) is amended by adding Section 13 to read as follows:

Sec. 13. SURVEY REQUIRED. (a) In this section, "permit" means a license, certificate, approval, registration, consent, permit, or other form of authorization that a person is required by law, rule, regulation, order, or ordinance to obtain to perform an action, or to initiate, continue, or complete a project, for which the authorization is sought.

(b) a municipality that requires a person to obtain

a permit before renovating or demolishing a public or commercial building may not issue the permit unless the applicant provides:

(1) evidence acceptable to the municipality that an asbestos survey, as required by this Act, of all parts of the building affected by the planned renovation or demolition has been completed by a person licensed under this Act to perform a survey; or

(2) a certification from a licensed engineer or architect, stating that:

a. the engineer or architect has reviewed the material safety data sheets for the materials used in the original construction, the subsequent renovations or alterations of all parts of the building affected by the planned renovation or demolition, and any asbestos surveys of the building previously conducted in accordance with this Act; and

b. in the engineer's or architect's professional opinion, all parts of the building affected by the planned renovation or demolition do not contain asbestos.

SECTION 2. This Act takes effect September 1, 2001.

SECTION 3. This Act applies only to a permit for renovation or demolition of a public or commercial building issued on or after January 1, 2002. A permit for renovation or demolition of a public or commercial building issued before January 1, 2002, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

## TEXAS ARCHITECTURAL BARRIERS

Senate Bill 484, which became effective on June 17, 2001, requires municipalities, prior to accepting an application for a construction permit for a non-residential project that will cost in excess of \$50,000, to verify that the building or facility has been registered with the Texas Department of Licensing and Regulation (TDLR) for compliance with Texas Accessibility Standards (877) 278-0999.



FOR OFFICE USE ONLY  
PAYMENT CODE:  
REG

**CITY OF SUGAR LAND**  
Department of Building Safety

**CONTRACTOR REGISTRATION**

- GENERAL   
  PLUMBING   
  MECHANICAL   
  ELECTRICAL  
 FIRE   
  IRRIGATION   
  SIGN

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

STATE LICENSE HOLDER'S NAME: \_\_\_\_\_  
(IF REQUIRED)

STATE LICENSE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_  
(STATE LICENSE HOLDER OR COMPANY OFFICIAL)

REGISTRATION FEE: \$34.50 (Electrical, Plumbing, Mechanical & Fire Contractors are exempt)

**\*\* REGISTRATION WILL EXPIRE ONE YEAR AFTER DATE OF ISSUANCE \*\***

**NOTE:**

1. Please complete a new form if there are any changes to the above information.
2. Revocation or Suspension of Registration
  - Repeated violations of any laws or regulations relating to any construction work (including City Ordinances, City Building Codes or any technical codes)
  - Intentional falsification of registration or permit information
3. Insurance Requirements
  - Submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000.00 for any one accident for property damage and \$300,000.00 for any one person for injuries or death; and \$5,000.00 for medical expenses for any one person.

I hereby certify that I have read and examined this document and know the same to be true and correct.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
POSITION WITH COMPANY



# Insurance Requirements

**Sugar Land Development Code**  
**Chapter 7**  
**Article II. Buildings**

**Section 7-16. Code Amendments**

105.8. *Insurance Required.* As a condition to the issuance of the permit, the Contractor shall submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000 for any one accident and \$300,000 for any one person; and property damage insurance of at least \$50,000 for any one accident and \$1,000 for any one piece of property.

**Proof of insurance can be faxed to  
Department of Building Safety (281) 275-2271**



**CITY OF SUGAR LAND**  
Department of Building Safety

**APPLICATION FOR COMMERCIAL CERTIFICATE OF OCCUPANCY**

DATE: \_\_\_\_\_ APPLICATION #: \_\_\_\_\_

**ADDRESS AND OCCUPANT INFORMATION**

LOCATION ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

SUGAR LAND, TEXAS ZIP: \_\_\_\_\_

NAME OF OCCUPANT OR BUSINESS: \_\_\_\_\_

MANAGER (IF APPLICABLE): \_\_\_\_\_ LOCATION PHONE: ( ) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

STATE OF TEXAS SALES TAX IDENTIFICATION # \_\_\_\_\_

**PROPERTY BUILDING OWNER INFORMATION**

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

**APPLICANT (GENERAL CONTRACTOR)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

GENERAL CONTRACTOR COMPANY NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**NOTICE**

2015 International Fire Code

Occupancy prohibited before approval:

The building or structure shall not be occupied prior to the code official issuing a permit that indicates applicable provisions of this code have been met.

Occupy – To take up space within a building with people, furniture or storage.

Exception – Contract personnel, building material and equipment used in the construction process shall not be considered occupying the building.

Failure to comply may render you and the company you represent liable to penalties provided by law for such violation.

## COMMERCIAL CERTIFICATE OF OCCUPANCY

The following is a list of departments and their contact phone numbers who may need to clear for a Commercial CO, depending on the project type. Please contact the needed department(s) when you are ready to schedule your inspection. Please allow time for your inspection to be scheduled, as each Department may have different inspection procedures.

**If you have any questions regarding the CO process, please contact:  
Planning & Development Services Department – 281-275-2270**

All Commercial Permits will require the following:

- USB: AS-built submittals shall be submitted electronically and include all applicable documents including, but not limited to, permits, use narratives, scope of work, architectural, structural, mechanical, electrical, plumbing, fire, health, civils, Sugar Land design standards, any supporting documents, energy compliance, asbestos reports, third party inspection reports, special inspection reports, manufacture specifications, safety data sheets, etc. in PDF format. Dwayne Svatek 281-275-2292

This is used to archive drawings and manage compliance of record retention laws.

Please submit this when the project has been completed, in case any revisions are needed.

- Sales Tax Certificate # with permitted address listed or letter stating no sales tax is collected State Comptroller's Office 1-800-252-5555, \*0 to speak to a representative
- Building Inspections: Permits & Inspections Department 281-275-2270
- Food Inspection: 281-275-2278 or 281-275-2279
- Fire Marshal: 281-275-2873, To schedule an Inspection: [www.sugarlandtx.gov/fire](http://www.sugarlandtx.gov/fire)

New, Ground Up Construction and Additions will also require the following:

- Planning & Zoning: 281-275-2218 – ask to speak with a Planner for a CO inspection
- Engineering: 281-275-2780 – ask to speak to Guillermo Salcedo for a CO inspection
- Infrastructure: 281-723-4684 – please leave a message for Greg Willey for a CO inspection
- Stormwater Maintenance Plan: To obtain clearance from the Stormwater Department, you must submit the Post-Construction Storm Water Site Management Acknowledgement and Inspection Form signed by the project owner. For more information visit: [www.sugarlandtx.gov/StormwaterCOO](http://www.sugarlandtx.gov/StormwaterCOO)  
The form details the two requirements of the post-construction program:
  1. Submission of a Post-Construction Maintenance Plan
    - The Post-Construction Maintenance Plan must be submitted and approved before a Certificate of Occupancy is issued;
    - Once approved, the Owner or Operator must file and record the Plan in the real property records of Fort Bend County.
  2. Conducting a Post-Construction Inspection: A licensed professional engineer registered in the State of Texas must complete an annual post-construction inspection.
  3. Submission of Notice of Termination (NOT) to [stormwater@sugarlandtx.gov](mailto:stormwater@sugarlandtx.gov)
- Public Works: 832-647-4444 Bobby Zwahr (Water Utilities)

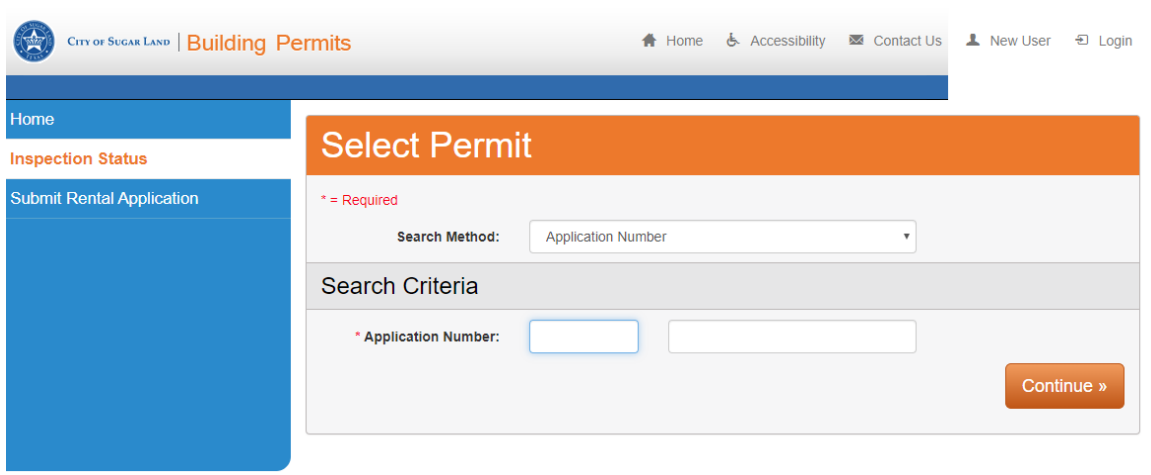


**TO SCHEDULE AN INSPECTION ONLINE** [www.sugarlandtx.gov](http://www.sugarlandtx.gov)

YOU WILL NEED YOUR APPLICATION NUMBER TO PROCEED

**BUSINESS —→ INSPECTION SCHEDULING**

Select **Online Building Permits system** and then Select **INSPECTION STATUS**



The screenshot shows the 'City of Sugar Land | Building Permits' website. The navigation bar includes 'Home', 'Accessibility', 'Contact Us', 'New User', and 'Login'. A left sidebar contains 'Home', 'Inspection Status', and 'Submit Rental Application'. The main content area is titled 'Select Permit' and features a search form. The form includes a 'Search Method' dropdown menu set to 'Application Number'. Below this is a 'Search Criteria' section with a label '\* Application Number:' followed by two empty input fields. A 'Continue »' button is located at the bottom right of the form.

Enter **APPLICATION NUMBER**

Select **SCHEDULE / CANCEL INSPECTIONS** in **blue** to the right of the permit type

Select **INSPECTION DESCRIPTION** (Ex: [BLDG, FINAL](#) )

Select **INSPECTION DATE** from available dates listed. Please print confirmation page & retain for your records.

**TO CHECK INSPECTION RESULTS ONLINE** [www.sugarlandtx.gov](http://www.sugarlandtx.gov)

YOU WILL NEED YOUR APPLICATION NUMBER TO PROCEED

**BUSINESS —→ INSPECTION SCHEDULING**

Select **Online Building Permits system** and then Select **INSPECTION STATUS**

The screenshot shows the City of Sugar Land Building Permits website. The header includes the city logo, 'CITY OF SUGAR LAND | Building Permits', and navigation links for Home, Accessibility, Contact Us, New User, and Login. A blue sidebar on the left contains links for Home, Inspection Status, and Submit Rental Application. The main content area is titled 'Select Permit' and features a search form. The form includes a 'Search Method' dropdown menu set to 'Application Number', a 'Search Criteria' section with two input fields for the 'Application Number', and a 'Continue »' button. A red asterisk indicates that the application number is a required field.

Enter **APPLICATION NUMBER**

Select **INSPECTION STATUS** from **blue** column on the left (under **PERMIT STATUS**)

Select **PERMIT TYPE** (Ex: [000/000/ELEC.00](#)) that you are checking results on

You will then be able to view Inspection Type, Scheduled Date, Status & Date Resulted

For more information (Ex: Inspector & any notes):

Select **INSPECTION TYPE** (Ex: [ELEC, COMPLETE COVER](#)) for any notes

**For more information you may call the Inspection Request Line at 281-275-2320.**



**CITY OF SUGAR LAND**  
Department of Building Safety

**CREDIT CARD AUTHORIZATION FORM**

FAX: (281) 275-2271

I authorize the City of Sugar Land to use my credit card to process the following payment:

Date: \_\_\_\_\_

**Amount:** \_\_\_\_\_

Jobsite address: \_\_\_\_\_

Application No: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Last 4 digits of Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Card Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card:     Visa         Master Card         American Express

**\*\* Please enter Credit Card Number below \*\***

\*\*\*\*\* Cut Here\*\*\*\*\*

Card Number: \_\_\_\_\_