



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 (\$117.50 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.

- 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 k'f'gt o k'err rdec vqp0'Vj k'lwtxg{ 'j cu'dggp'f qpg'k'p'ceeqtf cpeg'y kj 'vj g'Vgzcu'Cudguqu'J genj "
Rt qvgevqp'T wgu
***VCJ RT +cpf 'vj g'PcvkqpenGo kukqp'Ucpcf ctf u'hqt 'J c| ctf qwu'ck 'Rqmwepwu'*PGUJ CR=0**
K'vj gt g'k'p'q'lwtxg{ 'uwdo kwgf . 'vj gp'cu'vj g'ly pgt lqr gt cvqt 'qhvj g't gpqxcvqp lf go qrkuj gf 'k'w'p'f'gt u'c'p'f 'vj cvk'k'v' { 't gur qpukdkv{ 'vq'j cxg'vj k'c'udguqu'lwtxg{ 'eqpf wevgf 'k'p'ceeqtf cpeg'y kj "
Vgzcu'Cudguqu'J genj 'Rt qvgevqp'T wgu'*VCJ RT +cpf 'vj g'PcvkqpenGo kukqp'Ucpcf ctf u'hqt "
J c| ctf qwu'ck 'Rqmwepwu'*PGUJ CR+'t kqt 'vq'c't gpqxcvqp lf go qrkuj gf 'r'gt o k'dg'p'i 'kuwgf 'd{ 'vj g' " Ekv{ 'qhv'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: _____

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 _____			
	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:

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:

Temporary Obstruction Information (If Applicable)

Type of Obstruction:

Crane or Equipment Operator:

Phone:

Obstruction Height (Above Ground Level) (Feet)

Location

GPS Coordinate(s):

*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*