

Commercial Permit Application

*****Please fill out reverse side of this application*****

Application Number: _____

Project Address: _____ Suite# _____

Subdivision: _____ Block: _____ Lot: _____

Property Owner or Tenant Name: _____ Phone: _____

Name:	Address:	City, State, Zip	Phone
General:			
Electric :			
Plumbing:			
Mechanical:			
Trash Hauler:			

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Interior Finish | <input type="checkbox"/> New Construction | <input type="checkbox"/> Shell Only | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alteration/Remodel | <input type="checkbox"/> Demolition | <input type="checkbox"/> Additions | <input type="checkbox"/> Number of Dwellings Units (for apartments) _____ |

DESCRIPTION OF WORK: _____

Business Name: _____ Previous Business: _____

Type of Business: _____ (Circle One) New or Existing Business

Description of Activity at this location: _____

Valuation of Work:	Square Footage (Only for work being done):
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Gas Required: Yes/No	Electric Required Yes/No	Fire Sprinklered: Yes/No	Fire Alarm: Yes/No	RPZ Installation Yes/No
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AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. **ALL PERMITS REQUIRE FINAL INSPECTION.**

I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant: _____ Date: _____

Contact Name: _____ Phone: _____
Please Print

Email address: _____ Fax Number: _____

*****Office use only*****

Comments: _____

Zoning:	Use per zoning ord.:	Occupancy Group:
Type of Construction:	Fire Sprinklered:	High-Rise:
Rolled Plans <input type="checkbox"/>	Attached Plans <input type="checkbox"/>	Flash Drive <input type="checkbox"/>
		CD <input type="checkbox"/>

Permit Technician Approval: _____	Date: _____
Plans Examiner Approval: _____	Date: _____
Permit Received By: X _____	Date: _____
Planning Approval of Use: _____	Date: _____

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CITY OF PLANO
BUILDING INSPECTION DEPARTMENT

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PERMIT NUMBER: (To be completed by Support Technician): _____

Please indicate by placing an X in the appropriate area with regard to your business (production/use/by products).

Police Department Approval Required

Sexually Oriented Business as defined in Chapter 17.5 of the Plano Code of Ordinances requires a permit from the Police Department. I acknowledge that it is my responsibility to comply with Chapter 17.5. A Certificate of Occupancy does not permit operation of a Sexually Oriented Business.

FIRE DEPT PLAN SUBMITTAL *

- Fire Sprinkler System ♦
- Fire Sprinkler Underground Piping ♦
- Fire Alarm System ♦
- Sprinkler Monitoring System ♦
- Alternate Agent System ♦
(Example: CO2, Halon extinguishing system)
- Smoke Control/Stair Pressurization ♦
- Fireworks ♦
- Liquid Nitrogen/Oxygen/Cryogenic Tank ♦
- Liquid Propane Gas
- High Piled Storage Layout/Rack Plan
(Bales or loose combustible fibers.
Commodity stored above 12' 0" high.
Tire or pallet storage over 5'0" high.)
- Flammable liquid storage tanks
- Hazardous Materials Inventory Statement
(Required for storage or use of
Hazardous Materials)
- Fixed Extinguishing System (Inspection
Only, no submittal required)
- Emergency Generator Test Report
(Submitted after installation and testing)

HEALTH INSPECTIONS

- Alcoholic Beverages
- Carpet Cleaning Ops.
- Car Washes/Sand Trap/Oil Separator
- Electronic Assemblies
- Gold Platers
- Jewelry Fabrication &/or Repair
- Landscape/Nurseries
- Machine Shop
- Metal Forming
- Oil & Lube Shop/Sand Trap/
Oil Separator
- Outside/Open storage of equipment
material or commodities
- Pesticide Formulations
- Photo Processing
- Plastic Extrusions
- Power Wash System
- Restoration System
- Tattoo Parlor/Permanent Cosmetics
- Towers/Cooling Systems
- Transmission Shops
- Vending Machines

HEALTH INSPECTIONS *

- Body Shops
- Circuit Boards
- Dry Cleaning (with flammable solvents)
- Electro Platers
- Fiberglass
- Food &/or beverage (alcoholic or non-
alcoholic processing storage)
(Type 1 Hood)
- Garage/Auto Repair Shops
- Large Industries
- Print Shop Operations
- Mfg/Research of semi-conductors
- News Papers
- Print Shops
- Poisonous or Hazardous chemicals/
Acids exceeding 500 gallons
- Reclaiming Waste Materials
- Swimming Pools
- X-Ray Processes

♦ **Requires Fire Department Review of Design Documents Submit plans directly to Fire Dept. For all Fire Dept. Plan Submittals**

*No plans required for CO Permits

PROJECTS REQUIRING HEALTH PLAN SUBMITTAL REVIEWS (EXCLUDING C.O. PERMITS)

Please indicate by placing an "X" in the area that applies
Any items in this area require plans to be inter-officed to the Health Department
This is not an all exclusive list possibly other establishments may also be in need of a Health review.

- All Day Cares (Including Church Day Cares)
- All Schools (Exception classrooms & gymnasiums)
- All Churches and Hospitals (Exception kitchens not being affected by construction)
- Convenient Stores (7-11, beer stores, candy stores, dollar stores)
- All food for public consumption (including free food, pre-packaged food, vitamin stores, coffee stores, restaurants)
- Exceptions:
 - Private Residences
 - Baby Showers
 - Employee Break rooms
 - Mother's day out where only juice and crackers are served
 - Vending Machines

Signature of Owner Or Authorized Agent: _____ DATE: _____

Person to Contact: _____ Telephone #: _____

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CITY OF PLANO BACKFLOW PREVENTION APPLICATION SHEET

PROJECT ADDRESS: _____
 PROJECT NAME: _____
 CONTACT PERSON: _____

APPLICATION NUMBER: _____
 PHONE NUMBER: (____) _____

Please indicate by placing an X in the appropriate box with regard to the backflow items provided. Completion of this form will be forwarded to the Utility Operations Department. To prevent delays at time of final inspection this form must be completely and accurately filled out.

Place "X" here	Backflow Items	Type of Protection Required	Type Protection Provided	Number of Assemblies Provided
	Auxiliary water supply mainline & isolation	R.P.Z.		
	Boilers/Chillers for space heating mainline & isolation	R.P.Z.		
	Building containing a reclaimed water system mainline & isolation	R.P.Z.		
	Carbonated Drink Dispensers	STAINLESS STEEL R.P.Z.		
	Car Washes mainline & isolation	R.P.Z.		
	Chemical Mop Bucket Washers	A.V.B. w/no downstream shut-off Valves & an Air Gap on Hose		
	Commercial Laundry Washers, Dry Cleaners mainline & isolation	AIR GAP or R.P.Z.		
	Cooling Towers/Evaporative Coolers mainline & isolation	AIR GAP and R.P.Z.		
	Dishwasher(Residential type)	AIR GAP fitting on drain line (loop option prohibited)		
	Fire protection systems utilizing chemicals or additives (new installations or remodels of existing system)	R.P.Z. (Assembly must have U.L or F.M and U.S.C. ratings)		
	Fire protection commercial and residential systems without chemicals or additives (new installations or remodels of existing system.)	D.C. (Assembly must have U.L or F.M and U.S.C. ratings)		
	Food and beverage processing plants	R.P.Z.		
	Fountains/Outdoor Decorative Pool	AIR GAP, R.P.Z. or P.V.B. with no downstream pump.		
	Funeral home and mortuary mainline & isolation	R. P. Z.		
	Green house or nursery (with toxic chemicals)	R. P. Z.		
	Hospital / Dental / Doctor / Veterinarian Equipment(All medical equipment) mainline & isolation	R.P.Z. or AIR GAP		
	Irrigation Commercial / Residential	D.C., P.V.B. or R.P.Z.		
	Irrigation Chemical Injection	R.P.Z.		
	Laboratories (including medical, dental & research labs, and labs at educational facilities) mainline & isolation	R.P.Z.		
	Main supply line for: Hospital mainline & isolation	R.P.Z. (parallel system required)		
	Main supply line for Buildings 3 or more stories in height	R.P.Z.		
	Manufacturing plant (toxic) mainline & isolation	R.P.Z.		
	Mixing Valves With Hose Attachments	R.P.Z. or A.V.B. with no downstream shut-off		
	Photography Equipment	R.P.Z.		
	Plants using radioactive materials mainline & isolation	R.P.Z.		
	Plating or chemical plants mainline & isolation	R.P.Z.		
	Temporary construction fire hydrant meters	R.P.Z. or AIR GAP		
	Trap Primers	Air Gap (1 inch minimum)		
	Sewage lift stations mainline & isolation	R.P.Z.		
	Sewage treatment plants mainline & isolation	R.P.Z.		
	Stationary construction fire hydrant meters	R.P.Z. or AIR GAP		
	Swimming Pools	AIR GAP or R.P.Z.		
	Wall Hydrants / Commercial Landscape Areas	A. V.B. unless chemical injectors are to be used.		
	Wall Hydrants / Commercial Garage Areas	A.V.B. unless it is a Radiator Shop, Chemical Tanker Repair Shop etc. then R.P.Z.		
	Water Heaters	AIR GAP (6 – inch minimum) on T&P Drain Line		
	Water Injected Garbage Disposals	A.V.B. on water supply line, with an AIR GAP on drain line.		
	Water Injected Soap Dispensers	R.P.Z. or Air Gap		
	Water Softeners	R.P.Z.		
	Other:	R.P.Z., P.V.B., D.C., A.V.B.		
	None of the Above			



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Building Inspections Department ~ 1520 Ave K, Suite 140 Plano, TX 75074 ~ 972-941-7140 fax 972-941-7187
www.buildinginspections.org
 FM624CG001 REV. 09/28/11/2/08/10

** Situations which are not covered in the Table above shall be evaluated on a case-by-case basis by the City, and the required backflow prevention assembly shall be determined by the Utility Operations Superintendent (see reverse side).

Mainline; Reduced Pressure Backflow Assembly or Air Gap only. No closer than 3 ft from meter & no tee's or branches before assembly
Isolation; Backflow Assembly to be installed at point of water connection to eq.

R.P.Z.-Reduced Pressure Backflow Assembly (Assembly required to be tested – see reverse side) A.V.B -Atmospheric Vacuum Breaker
D.C.- Double check Valve Backflow Assembly (Assembly required to be tested– see reverse side) Air Gap-A separation of 1-inch minimum or twice the diameter of the pipe whichever
P.V.B's can have a downstream shut-off valve is greater
A.V.B's are not allowed in any Health situation and no downstream shut-off valves. No Vacuum Breaker shall be subjected to any type of backpressure situation.
Spill Proof Vacuum Breakers are not allowed in Plano P.V.B.-Pressure Vacuum Breaker (Assembly required to be tested-see reverse side)

CITY OF PLANO BACKFLOW PREVENTION INFORMATION SHEET

REGISTRATION: Prior to performing any testing of backflow prevention assemblies within the City of Plano, a licensed backflow prevention assembly technician must be registered with the City of Plano Utility Operations Department.

TESTING OF BACKFLOW PREVENTION ASSEMBLIES: The backflow prevention assemblies shall be tested by a Plano BPAT. In order to properly register a backflow prevention assembly with the City of Plano, a City of Plano Backflow Prevention Assembly Test Report form shall be completed by a Plano BPAT on each backflow prevention assembly tested. Each completed original form, together with the records of such tests, repairs, or replacement, shall be received by the Utility Operations Department of the City of Plano within ten (10) calendar days after the testing, repair, replacement or work performed upstream of the assembly.

BACKFLOW PREVENTION ASSEMBLIES REQUIRED:

- (a) Each service connection from the public water system to premises having an auxiliary water supply shall be protected against backflow of water from the premises into the public water system with a Reduced Pressure Backflow Prevention Assembly.
- (b) For all newly constructed premises on which a substance is handled so that it may enter the public water system, each service connection from the public water system to such premises shall be protected against the backflow of water from the premises into the public water system. This requirement shall apply to each premise on which persons handle process water and water originating from the public water system, which has been subjected to deterioration in sanitary quality.
- (c) For all existing premises on which a substance is handled so that it may enter the public water system, each service connection from the public water system to such premises may be required to be protected against the backflow of water from the premises into the public water system upon the determination of the Superintendent. This requirement shall apply to each premise on which persons handle process waters and waters originating from the public water system, which have been subjected to deterioration in sanitary quality.
- (d) Backflow prevention assemblies shall be installed on a service connection to premises: (1) having internal cross-connections that cannot be permanently corrected and controlled, (2) upon the appropriate City official's determination that an intricate plumbing and piping arrangement exists which makes it impractical to ascertain whether cross-connections therein, or (3) where a portion of the Premises cannot be readily accessed for inspection purposes making it impractical or impossible to ascertain whether cross-connections exist. The customer connected to the public potable water system shall make all necessary arrangements, at its sole expense, to remove without delay security barriers or other obstacles to access by the Superintendent.
- (e) If an interstreet main flow may result from two or more services supplying water to the same building, structure, or premises, then a standard check valve shall be installed adjacent to the respective meters and on the owner's property. If a check valve is not adequate to protect the public water system's mains from pollution or contamination, the installation of an approved backflow prevention assembly may be required by the Utility Operations Superintendent. Approval will be given if a backflow prevention assembly is functioning. A determination by the Utility Operations Superintendent, Building Official, or their respective designee(s) that a check valve is inadequate or that an approved backflow prevention assembly is required may be appealed.
- (f) Quick connect or hose-bib connections from irrigation lines shall required the installation of an RPZ..

For more information, contact the City of Plano Utility Operations Department.

**4120 W. Plano Pkwy
Plano, Texas 75075
(972) 769-4160**



City of Plano, Building Inspections Department

Project Address: _____ Permit Number: _____

Project Name: _____

On application to a local governmental entity for a building construction permit related to the plans and specifications, the owner shall submit to the entity proof that the plans and specifications have been submitted to the Texas Department of Licensing and Regulation (TDLR). Article 9102, Section 5(k) - Senate Bill 959

I hereby certify that I comply with the requirements of Article 9102, Section 5(k) and have submitted plans and specifications for Texas Accessibility Standards (TAS) review to TDLR as required or this project is exempt.

Signature of Owner or Authorized Agent

Date

TDLR Project Number
(may be obtained at <http://www.license.state.tx.us>)
or reason for exemption: _____



Asbestos Survey Texas Department of Health, <http://www.dshs.state.tx.us/asbestos/default.shtm> or
[Asbestos Program: Home Page](#)
1-800-572-5548 or 1-512-834-6610

Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP)? Yes _____ No* _____

Date of survey: ____/____/____

TDH Inspector License No. _____

***If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that 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 Plano.**

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