



Application for Commercial Permit

Permit#: _____

Permit Address: _____

Business Name: _____

Property Description (Acreage or Sq Ft of Lot): _____

Finished Sq Ft: _____ Unheated Sq Ft: _____ Lot: _____ Block: _____ Legal Description: _____

Description of Work/Intended Use: (Materials exterior & roof, New, Remodel, Expansion, etc.)

General Contractor: _____ Phone: _____

Email: _____ Fax: _____

Owner/Tenant: _____ Phone: _____

Mailing Address _____

Electrical Contractor: _____ Phone: _____

Plumbing Contractor: _____ Phone: _____

HVAC Contractor: _____ Phone: _____

Other Contractor: _____ Phone: _____

I agree to allow no work on which separate Permits are required (signs, gasoline tanks, awnings, etc.) to be done until such Permits are obtained. I have carefully examined and read the completed and know the same to be true and correct, and hereby agree that if a Permit is issued, all provisions of the Town Ordinances and State laws will be complied with, whether herein specified or not. This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I also agree that this Permit is not transferable to any other party (ies) I have filed a MSDS for all hazardous materials with the Aubrey Fire Department. ****If construction is not completed within 1 year, applicant must apply for an extension of the original Building Permit.***

I verify that this building site does not lie within the 100 YEAR FLOOD PLAIN.

Property Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Name (Print): _____ Phone: _____

For Office Use Only

Date rec'd Application _____ Rec'd by _____ Culvert Application _____ Septic Plans _____

Site Plan _____ (4) Sets of Building Plans _____ CD of Building Plans _____ (2) Engineered Foundation Plans _____

Energy Code Info _____ Sub Contractor Info _____ Architectural Review _____ Inspector's Review _____

Plan Review Amt. _____ CK # _____ Date Rec'd _____ Receipt # _____

Septic Review Amt. _____ CK # _____ Date Rec'd _____ Receipt # _____

Bldg Permit Amt. _____ CK # _____ Date Rec'd _____ Receipt # _____

Inspections/C of O/

Culvert Amt. _____ CK # _____ Date Rec'd _____ Receipt # _____

Permit Issued by _____ Date _____