



CITY OF WACO INSPECTION DEPARTMENT
P.O. BOX 2570
401 Franklin Ave.
WACO, TEXAS 76702-2570
254-750-5612
FAX 254-750-5624

PERMIT APPLICATION

Date Submitted: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Description of what plans are being submitted for review and permit:

Owner of Proposed Structure: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Job Address: _____

Name of Business: _____

Type of Business / Use: _____

Legal Description: Lot: _____ Block: _____ Addition Name: _____

Square Footage of Building or Space: _____ Estimated Cost of Construction: _____

General Contractor (if known): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

THE FOLLOWING ARE MINIMUM REQUIREMENTS FOR PLAN SUBMITTAL AND REVIEW

New Construction and Expansion of Existing Facilities:

New Building 4 Complete Plan Sets – (including all site/civil plans) + 5 Additional Site Plan Sets
Fire Marshall's Office – 1 Site plan (8 1/2"X11") detailing property lines, building locations, fire hydrant locations, landscape with legends & calculations, dumpster and enclosure details and 1 floor plan (8 1/2"x11") with room names only.

Interior Finish Out / Renovations of Existing Building (no-expansion of facility)
1 Plan Set – Complete Construction Document Package
Note: if this project is an eating establishment, provide 2 additional sets for Health Dept. and Utility Dept. review

SITE PLAN REVIEW ONLY - 9 complete site plan sets showing site grading, location of sewer lines, water lines, (taps for both), storm sewer lines, fire hydrant locations, landscaping with legends & calculations, dumpster and enclosure details.

Applicant Signature

Printed Name

Date

Company the Applicant represents

ASBESTOS SURVEY: If this application is for the demolition or renovation of a Public or Commercial building, I hereby certify that by signing and completing the information below, an Asbestos Survey has been performed in accordance with the Texas Asbestos Health Protection Rules (TAPHR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being demolished and/or renovated.

*****To be Completed if this is a Public or Commercial Building*****

Company Asbestos Inspector Represents:

Asbestos Inspector's Printed Name:

Asbestos Inspector's Signature

Asbestos Inspector's License Number and expiration date

Address of Asbestos Inspection:

Date Asbestos Inspection Completed: