



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

\*\*\*This application is for commercial projects only.\*\*

**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: