CITY OF AMES - 304 MARTIN ST - AMES, TX 77575 - 936.336.7278

COMMERCIAL BUILDING APPLICATION

PERMIT NUMBER: _____

ADDRESS OF PROJECT: _____

PROPERTY OWNER:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ Email: _____ Phone: _____

CONTRACTOR:

Company: _____Name:_____

Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ Email: _____ Phone: _____

ARCHITECT/ENGINEER: _____ Phone: _____

☐	New Commercial	☐	Certificate of Occupancy	☐	Fire Damage
☐	Add-on / Remodel Commercial	☐	Storage Building	☐	Driveway
☐	Foundation Repair	☐	Carport/ Garage	X	Permit Issuance Fee $30.00
☐	Fence $27.50				

DESCRIPTION OF IMPROVEMENT: _____

COST OF IMPROVEMENT: $_____/ SQ FT _____

TDLR REGISTRATION: Texas Accessibility Standards (TAS)
EAB# _____ (Required if Improvements > $50,000)

SQ/FT of Bldg: Number of Stories: Number of Bathrooms:

ADDRESS NUMBERS MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.

***REMODEL / DEMOLITION ONLY- BY MY SIGNATURE, I HEREBY CERTIFY THAT AN ASBESTOS SURVEY HAS BEEN DONE IN ACCORDANCE WITH THE TEXAS ASBESTOS HEALTH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) FOR THE AREA(S) BEING RENOVATED AND/OR DEMOLISHED. A COPY OF THE ASBESTOS SURVEY MUST BE INCLUDED WITH THIS PERMIT APPLICATION.**

THIS CERTIFIES THAT ON THIS DATE I MADE AN APPLICATION FOR A PERMIT WITH THE CITY OF DAYTON. I HEREBY AGREE TO FOLLOW ALL BUILDING CODES AND CITY ORDINANCES AND MEET ALL DEED RESTRICTIONS (THE CITY DOES NOT ENFORCE DEED RESTRICTIONS) AND UNDERSTAND THAT THE GRANTING OF THIS PERMIT DOES NOT PRESUME TO GIVE ME AUTHORIZATION TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION. FURTHERMORE, I DO HEREBY UNDERSTAND AND ACKNOWLEDGE THAT THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION IS NOT COMMENCED WITHIN SIX (6) MONTHS FROM THE DATE OF THIS SIGNED APPLICATION, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX (6) MONTHS AT ANY TIME AFTER WORK OR CONSTRUCTION IS COMMENCED, MOREOVER, I HEREBY UNDERSTAND THAT ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. REGARDLESS OF STATE OR TIMEFRAME OF CONSTRUCTION OR DEVELOPMENT.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

OFFICE USE ONLY

PLAN REVIEWER: _____ Date: _____

Type Of Construction: _____ Occupancy Type: _____

FLOODPLAIN VERIFICATION: ☐ No (Not in FloodPlain) ☐ Yes (Elevation Certificate Required)

FIRE SPRINKLERS REQUIRED: ☐ No ☐ Yes

TO SUBMIT FORM PLEASE EMAIL IT TO ACARRINGTON@CITYOFAMESTEXAS.COM