



Commercial Building Permit Application

Permit No: _____

ADDRESS OF PROJECT: _____ LOT: _____ BLOCK: _____

SUBDIVISION: _____ ZONING DISTRICT: _____

County: _____

OWNER NAME: _____ PHONE: (_____) _____

OWNER ADDRESS: _____ CITY _____ STATE _____ ZIP _____

OWNER E-MAIL ADDRESS: _____

CONTRACTOR NAME: _____ PHONE: (_____) _____

*All general contractors and sub-contractors (electrical, mechanical, plumbing, etc.) must be registered with the City prior to receiving a permit.

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR E-MAIL ADDRESS: _____

SUB-CONTRACTORS

MECHANICAL CONTRACTOR: _____

ELECTRICAL CONTRACTOR: _____

PLUMBING CONTRACTOR: _____

Permit Type

- | | | |
|---|---|---|
| <input type="checkbox"/> Addition/Remodel | <input type="checkbox"/> Foundation Slab/Repair | <input type="checkbox"/> New Multi-Family Bldg |
| <input type="checkbox"/> Construction Trailer | <input type="checkbox"/> Hardscape / Landscape Review | <input type="checkbox"/> Retaining/Screening Wall |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> New Commercial Building | <input type="checkbox"/> Site Development (Civil Plans) |
| <input type="checkbox"/> Driveway/Flatwork | <input type="checkbox"/> New Commercial Finish Out | <input type="checkbox"/> Tent/Other/Miscellaneous |
| <input type="checkbox"/> Fence | <input type="checkbox"/> New Commercial Shell | <input type="checkbox"/> Hardscape / Landscape Review |

DESCRIPTION OF IMPROVEMENT: _____

COST OF IMPROVEMENT \$ _____ (Total Dollar Value of Labor and Materials)

PROJECT SQUARE FOOTAGE: _____ Construction Type: _____ Occupancy Type: _____

HEIGHT OF FENCE OR RETAINING WALL: _____

TYPE OF MATERIAL: _____

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

THIS CERTIFIES THAT ON THIS DATE APPLICATION WAS MADE FOR PERMIT WITH THE CITY OF CELINA, AND BY THIS SIGNATURE, THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE CODES, AMENDMENTS AND TOWN ORDINANCES.

APPLICANT PRINTED NAME: _____ DATE _____

APPLICANT SIGNATURE: _____ DATE _____

Development Services
Building Inspections
142 N. Ohio St.
Celina, TX 75009
972-382-2682
permits@celina-tx.gov



This application form must be completed for all new civil construction plans and plats.

Application Type:

- Plat
- Civil Construction Plans

In order to provide the best customer service possible, including the most expedient plan review process possible, please check one of the two boxes below. State law provides two processes by which a City may process new plans and plats, and each process encompasses different timelines, fees, and other related nuances. If you have any questions, please do not hesitate to contact staff to better assist you; however, no new plats or civil construction plans can be processed without this form being completed. Thanks!

Chapter 212 Process

- 30-day plan review timeline
 - Please note that if you, as the owner or authorized agent, do not respond to or correct staff comments prior to the Planning & Zoning meeting to occur during the 30-days (for plats) or with sufficient time for staff to review your corrected submission prior to the 30th day (for construction plans), your application will be denied.
 - If your application is denied you will be provided with a list of deficiencies in your application as the City is required by state law to act on your application within 30-days of filing unless you choose the Alternative Process. Pursuant to state law, the City cannot request or require a waiver of the 30-day timeframe for action on your application; however, state law does not prevent you from requesting such a waiver.
- Full Amount of Application Fees will be collected

Alternative Process

- Typically 10 business-day plan review timeline for City to provide comments
 - You, as owner or authorized agent, may make corrections and exchange communications with City staff to make any corrections or supplements needed to qualify for approval.
 - Your application will go on the next available agenda (for plats) or be administratively approved within 10 business days (for construction plans) if all requirements are fulfilled or if all comments are adequately addressed.
- Application Fees will be reduced by one-half (1/2)

CONTACT INFORMATION – APPLICANT (PRIMARY CONTACT)	CONTACT INFORMATION - OWNER
Name: Click or tap here to enter text. Company: Click or tap here to enter text. Address: Click or tap here to enter text. Phone: Click or tap here to enter text. Email: Click or tap here to enter text.	Name: Click or tap here to enter text. Company: Click or tap here to enter text. Address: Click or tap here to enter text. Phone: Click or tap here to enter text. Email: Click or tap here to enter text.
PROPERTY OWNER CONSENT/AGENT AUTHORIZATION	
<p>I CERTIFY THAT I AM THE LEGAL OWNER OF THE ABOVE REFERENCED PROPERTY, OR HIS AUTHORIZED AGENT, AND THAT TO THE BEST OF MY KNOWLEDGE THIS IS A TRUE DESCRIPTION OF THE PROPERTY UPON WHICH I HAVE REQUESTED THE ABOVE CHECKED ACTION. I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR THE ACCURACY OF THE LEGAL DESCRIPTION GIVEN.</p> <p>Signature: Click or tap here to enter text. Name: Click or tap here to enter text. Date: Click or tap to enter a date.</p>	