

DATE: _____

APPLICATION TYPE

PERMIT CO

OTHER EXPRESS



JOB NO: (OFFICE USE ONLY)

PERMIT NO: (OFFICE USE ONLY)

HEALTH REVIEW
(Restaurants/Food Service)

BUILDING INSPECTION APPLICATION

STREET ADDRESS OF PROPOSED PROJECT		SUITE/BLDG/FLOOR NO		USE OF PROPERTY				
OWNER/TENANT	ADDRESS		CITY	STATE	ZIP CODE			
DBA (IF APPLICABLE)			E-MAIL ADDRESS					
APPLICANT		CONTR NO	COMPANY NAME					
ADDRESS		CITY	STATE	ZIP CODE	PHONE NO FAX NO			
DESCRIPTION OF PROPOSED PROJECT			CONST AREA (sq ft)	NEW CONST		VALUATION (\$)	NEW CONST	
				REMODEL			REMODEL	
				LEASE			TOTAL VALUATION	
				TOTAL AREA				
ALL FOOD SERVICE ESTABLISHMENTS REQUIRE A GREASE INTERCEPTOR INSTALLED ONSITE. CHECK BOX IF THERE IS ONE LOCATED ON THE PROPERTY. <input type="checkbox"/>								

PLEASE INDICATE ALL TYPES OF WORK THAT WILL BE PART OF THIS PROJECT BY CHECKING THE APPROPRIATE BOX AND PROVIDE CONTRACTOR/SUBCONTRACTOR INFORMATION ON THE BACK OF THIS FORM. **NOTE: AN AFFIDAVIT IS REQUIRED FOR THE SALE OR SERVING OF ALCOHOL.**

BUILDING PLUMBING FENCE DRIVE APPROACH BACKFLOW BARRICADE
 ELECTRICAL FIRE SPRKLR SIGN SWIMMING POOL CUSTOMER SVC GREEN BUILDING/LEED
 MECHANICAL FIRE ALARM LANDSCAPE LAWN SPRINKLER FLAMMABLE LIQUID OTHER: _____

WILL ALCOHOL BE SOLD/SERVED? YES NO **PERSONAL SERVICE LICENSE REQUIRED FOR THE PROPOSED USE?** YES NO
WILL THERE BE A DANCE FLOOR? YES NO **ARE POTENTIALLY HAZARDOUS FOODS/OPEN FOODS BEING SOLD?** YES NO

I HAVE CAREFULLY READ THE COMPLETED APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT AND HEREBY AGREE THAT IF A PERMIT IS ISSUED ALL PROVISIONS OF THE CITY ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH WHETHER HEREIN SPECIFIED OR NOT. I AM THE OWNER OF THE PROPERTY OR THE DULY AUTHORIZED AGENT. PERMISSION IS HEREBY GRANTED TO ENTER PREMISES AND MAKE ALL INSPECTIONS.

APPLICANT SIGNATURE _____

FOR OFFICE USE ONLY

ZONING				BUILDING		MISCELLANEOUS	
LAND USE	TYPE OF WORK	BASE ZONING	PD	CONSTRUCTION TYPE	OCCUPANCY	ACTIVITY	OWN
LOT	BLOCK	REQUIRED PARKING	PROPOSED PARKING	SPRINKLER	OCCUPANT LOAD	FLOOD PLAIN	AIRPORT
LOT AREA	BDA	SUP	RAR	STORIES	DWELLING UNITS	SPECIAL INSPECTIONS	HISTORICAL
DIR	EARLY RELEASE	DEED RESTRICTION	PARKING AGREEMENT	NUMBER BEDROOMS	NUMBER BATHROOMS	DRY	LL

ROUTE TO	REVIEWER	DATE	APPLICATION REMARKS	FEE CALCULATIONS (\$)
PRE-SCREEN				PERMIT FEE
ZONING				SURCHARGE
BUILDING				PLAN REVIEW FEE
ELECTRICAL				PREQUALIFICATION REVIEW FEE
PLUMBING/MECHANICAL				EXPRESS PLAN REVIEW
GREEN BUILDING				HOURLY FEE TOTAL
HEALTH				HEALTH PERMIT FEE
HISTORICAL/CONS DIST				OTHER FEES
PUBLIC WORKS				OTHER FEES
WATER				OTHER FEES
FIRE				OTHER FEES
LANDSCAPING				OTHER FEES
AVIATION				TOTAL FEES
OTHER: _____				\$

CONTRACTORS

GENERAL CONTRACTOR

NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					

ELECTRICAL CONTRACTOR

NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					

MECHANICAL CONTRACTOR

NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					

PLUMBING CONTRACTOR

NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					

OTHER CONTRACTOR

NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					

OTHER CONTRACTOR

NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					

OTHER CONTRACTOR

NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					

CONTRACTOR COMMENTS

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Notice and Agreement on Time for Issuance of Building Permit

Applicant's Name: _____ Date: _____

Permit Address: _____

Permit Application Number: _____

Description of Permit: _____

Plans Examiner: _____

As required by Texas Local Government Code Section 214.904, the City of Dallas will grant or deny your permit application to erect or improve a building or other structure no later than the 45th day after the application is submitted. Denial of a permit application due to time constraints may be avoided by agreeing to allow the City the following additional time to review the application:

“I hereby agree to deadline of 45 days after the date the development code review is completed or 14 days after the date I provide the plans examiner: (1) any required corrections, (2) any additional required documents, (3) a copy of the early release (if applicable), and (4) a copy of the final filed plat (if applicable); whichever results in a longer time period”

I Agree: **I do not Agree:**

Applicant's Signature: _____

Applicant's Title: _____

Name of Entity: _____

If the permit application is granted within these deadlines, the City will retain all fees. If the permit application is denied within these deadlines, the City will retain all plan review fees and 20 percent of the permit fee. If the permit application is not granted or denied within the agreed additional time of review, the City will refund any fees associated with the permit application.