

CITY OF EARLY  
960 EARLY BLVD.  
PHONE: (325) 643-5451  
FAX: (325) 643-5452



BUILDING INSPECTIONS  
PO BOX 3100  
EARLY, TEXAS 76803  
www.earlytx.net

## APPLICATION FOR EXISTING COMMERCIAL BUILDING PERMIT

### BUILDER INFORMATION

APPLICANT NAME:		EMAIL ADDRESS:
COMPANY (BUILDER):		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

### OWNER INFORMATION

BUSINESS OWNER NAME:		EMAIL ADDRESS:
BUSINESS NAME:		BUSINESS TYPE:
SQUARE FOOTAGE:		CONSTRUCTION COST:
ADDRESS:		
CITY:	STATE:	ZIP:
LEGAL DESCRIPTION:		
PHONE:	CELL:	FAX:

REMODEL: \_\_\_\_\_ ADDITION: \_\_\_\_\_ FINISH OUT: \_\_\_\_\_

*All commercial remodels require an asbestos survey*

### SUBCONTRACTORS

MECHANICAL \_\_\_\_\_ PHONE \_\_\_\_\_  
PLUMBING \_\_\_\_\_ PHONE \_\_\_\_\_  
ELECTRICAL \_\_\_\_\_ PHONE \_\_\_\_\_  
CONCRETE \_\_\_\_\_ PHONE \_\_\_\_\_  
FIRE SYSTEM \_\_\_\_\_ PHONE \_\_\_\_\_

### REQUIREMENTS

*To be filled out by staff during plan review*

	YES	NO		YES	NO
Has water account been applied for			Has payment for taps been made		
Has building plan been submitted			Has site plan been submitted		
Has Fire Marshal approved the plans			Has an asbestos survey been conducted		

*Permit fee < \$2,000 = \$15.00 + \$1.50 per \$1,000 value. All subcontractors are responsible for their own permit.*

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

*For City Use Only*

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
PERMIT NO. \_\_\_\_\_