



Phone: 979-478-6893

secretary@cityoforchardtx.gov

9714 Kibler Street (P.O. Box 59)

Orchard, TX 77464

Commercial Permit Application

Building Permit Number: _____		Valuation: _____	
Project Name: _____		Zoning: _____	
Project Address: _____		Square _____	
Foot: Project Description:	New <input type="checkbox"/>	Addition <input type="checkbox"/>	Remodel <input type="checkbox"/>
Sign <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Electrical <input type="checkbox"/>
Finishout <input type="checkbox"/>			
Other <input type="checkbox"/>			
Scope of Work: _____			
THIS PROPERTY IS IN A FLOODPLAIN: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide Flood Plain Certificate to the City			
DOES THIS BUILDING HAVE A FIRE SPRINKLER? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Owner Information: _____			
Name: _____ Project Contact Person: _____			
Phone Number: _____ Cell Number: _____ Email: _____			
Engineer	Contact Person	Phone #:	Email
Architect	Contact Person	Phone #:	Email
General Contractor	Contact Person	Phone #:	Contractor License Number <input type="checkbox"/>
		Email:	
Mechanical Contractor	Contact Person	Phone #:	Contractor License Number <input type="checkbox"/>
		Email:	
Electrical Contractor	Contact Person	Phone #:	Contractor License Number <input type="checkbox"/>
		Email:	
Plumbing Contractor	Contact Person	Phone #:	Contractor License Number <input type="checkbox"/>
		Email:	
TPO Energy Provider	Contact Person	Phone #:	Contractor License Number <input type="checkbox"/>
		Email:	

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

A certificate of occupancy must be issued before any building is occupied.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY: Approvals are required from all departments prior to issuance of permit

Plan Review		Fire	
Public Works		Planning	

Building Permit Fee: _____

Meter Deposit Fee: _____

Total Fees: _____

Plan Review Fee: _____

TAS Registration #: _____

Receipt #: _____

Water Tap Fee: _____

Issued Date: _____

Sewer Tap Fee: _____

Issued By: _____

BV Project #: _____

Implementation ver. 10.16.2023



New/Remodel Commercial Fire Plan Review Checklist

Project Address: _____ Project Name: _____

City: _____ State: _____ Zip Code: _____

Note: Incomplete permit applications will delay the plan review and permit approval processes.

Permit Application shall be completed in full and include applicant's name, phone number and email address with an original signature and submitted electronically with the following information:

- ___ Building Permit number
- ___ Site Plan to include:
 - ___ Legal Description (lot, block, subdivision)
 - ___ Property lines and lot dimensions
 - ___ Proposed structure and all existing buildings
- ___ Construction Plans and details
- ___ Egress Plans
- ___ Civil Plans
- ___ Fire Suppression System Plans and details
- ___ Fire Alarm System Plans and Details
- ___ Fire Lane Construction Plans and Details
- ___ Fire Lane Location



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Fire Alarm / Fire Sprinkler Application

Permit Number: _____	Valuation: _____
Project Name: _____	
Project Address: _____	Square Foot: _____
Project Description: FIRE ALARM <input type="checkbox"/> FIRE SPRINKLER <input type="checkbox"/>	
UNDERGROUND FIRE LINE <input type="checkbox"/>	
<i>Plans may be submitted by FedEx or Email</i>	

Owner Information: _____		
Name: _____	Contact Person: _____	
Address: _____		
Phone Number: _____	Cell Number: _____	Email: _____

Fire Alarm Contractor	Contact Person	Phone Number & Email	Contractor License Number
Fire Sprinkler Contractor	Contact Person	Phone Number & Email	Contractor License Number

It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by: _____	Date Approved: _____
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Fire Alarm Plan Review Fee: _____
Fire Alarm Inspection Fee: _____
Fire Sprinkler Plan Review Fee: _____
Sprinkler Inspection Fee: _____
Underground Line Plan Review Fee: _____
Underground Line Inspection Fee: _____

Total Permit Fee: _____
Issued Date: _____
Issued By: _____
BV Project #: _____



Annual Fire Safety Inspection Application

Permit Number:	_____
Project Name:	_____
Project Address:	_____
Project Description:	Annual Fire Safety Inspection <input type="checkbox"/>
<i>There is a fee for all re-inspections</i>	

Owner Information:		
Name:	Contact Person:	
Address:		
Phone Number:	Cell Number	Email

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by:	_____	Date Approved:	_____
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Annual Fire Safety Fee: _____
Re-inspection Fee _____
Date of Original Inspection _____
Next Inspection Due On _____

Total Permit Fee: _____
Issued Date: _____
Issued By: _____
BV Project # _____



Fire Certificate of Occupancy Application

Permit Number: _____

Project Name: _____

Project Address: _____

There is a fee for all re-inspections

Owner Information:

Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Cell Number: _____

Email: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY:

Approved by: _____	Date Approved: _____
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Fire Certificate of Occupancy _____

Total Permit Fee: _____

Issued Date: _____

Issued By: _____

BV Project # _____



CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

_____ ELECTRICAL CONTRACTOR
_____ MASTER ELECTRICIAN
_____ JOURNEYMAN ELECTRICIAN
_____ MASTER SIGN ELECTRICIAN

_____ MECHANICAL (HVAC)
_____ IRRIGATOR (LANDSCAPE)
_____ BACKFLOW (*special form required*)

_____ MASTER PLUMBER
_____ JOURNEYMAN PLUMBER

_____ OTHER

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____ PHONE: _____

ADDRESS (MAILING): _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE

For City use only



**BUREAU
VERITAS**

COMMERCIAL INSPECTION RECORD

This record must remain on site until project completion

PROJECT ADDRESS _____ PERMIT# _____

DO NOT COVER WORK UNTIL APPROVED

		Approved		
	Inspection	Date	Inspector	Comments
UNDERGROUND	T-Pole			
	Plumbing Rough			
	Water Service			
	Building Sewer			
	Form Survey			
	Electric Underground			
	Mechanical Underground			
	Gas Underground			
FDTN	Pier			
	Footing			
	Grade Beam			
	Foundation			
ROUGH / MISC	WALLS	Electric Rough		
		Plumbing Top-Out		
		Gas Rough Piping Test		
		Mechanical Rough		
		Duct Rough		
		Grease Duct Rough		
		Framing		
		Energy Insulation		
	CEILING	Mechanical Rough Ceiling		
		Electric Rough Ceiling		
		Hydronic Piping		
		Drywall		
FINALS				

Comments: _____

