

Part 1. Business Location Information				Part 2. Business Owner Information		
Name of business, DBA:				Name of business owner:		
Business street address:		Suite #:	Business owner street address:		Driver's License #:	State:
Contact person:	Telephone of business:		City/State/Zip Code:		Telephone of business owner:	
Email:	After-Hours telephone:					
Part 3. Description of Business Activity						
a. Type of CO:		b. Business Information:		c. Type of business:		
<input type="checkbox"/> Change of Ownership <input type="checkbox"/> Clean & Show <input type="checkbox"/> House Lights <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Change of Name/ business name <input type="checkbox"/> Land Occupancy <input type="checkbox"/> Assembly Occupancies: Occ. load _____ <input type="checkbox"/> If apartments how many buildings _____		<input type="checkbox"/> # of employees _____ <input type="checkbox"/> square footage _____ <input type="checkbox"/> Business Hours _____		<input type="checkbox"/> Retail Sales <input type="checkbox"/> Office <input type="checkbox"/> Auto Repair <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehouse <input type="checkbox"/> Restaurant <input type="checkbox"/> Other describe: <input type="checkbox"/> Description of Proposed Business:		
Contractor (if needed)		Address		Phone		Email
Electric:						
Plumbing:						
Other:						
Certificate of Appropriateness (CA) Required: Yes/No						
Gas required: Yes/ No Electric: Yes/ No Fire Alarm: Yes/No Fire Sprinklered: Yes/ No RPZ Installation: Yes/No						
d. Submit the following items:						
		<input type="checkbox"/> A copy of the Sales Tax Certificate.		Sales Tax # _____		
e. Check which is applicable:						
<input type="checkbox"/> I am the business owner		<input type="checkbox"/> I am the property owner		<input type="checkbox"/> I am the leasing agent		
<input type="checkbox"/> Other:						
<small>I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</small>						
Your name (Printed):		Signature:		Date:		
Email:		Phone:		Fax:		
<small>AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. ALL PERMITS REQUIRE FINAL INSPECTION.</small>						
*****Office use only*****						
Zoning:	Use per Zoning Ord:	Occupancy Group:	Type of Construction:	Story:		
Permit Technician Approval:				Date:		
Plans Examiner Approval:				Date:		
Planning Approval of Use:				Date:		
CA Approval for Heritage Required Properties:				Date:		
Comments:						
Permit Received By:				Date:		

DBA BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PERMIT NUMBER: (To be completed by Support Technician): _____

Please indicate by placing an X in the appropriate area with regard to your business (production/use/by products).

Police Department Approval Required

__ Sexually Oriented Business as defined in Chapter 17.5 of the Plano Code of Ordinances requires a permit from the Police Department. I acknowledge that it is my responsibility to comply with Chapter 17.5. A Certificate of Occupancy does not permit operation of a Sexually Oriented Business.

FIRE DEPT PLAN SUBMITTAL *

- Fire Sprinkler System ♦
- Fire Sprinkler Underground Piping ♦
- Fire Alarm System ♦
- Sprinkler Monitoring System ♦
- Alternate Agent System ♦
(Example: CO2, Halon extinguishing system)
- Smoke Control/Stair Pressurization ♦
- Fireworks ♦
- Liquid Nitrogen/Oxygen/Cryogenic Tank ♦
- Liquid Propane Gas
- High Piled Storage Layout/Rack Plan
(Bales or loose combustible fibers.
Commodity stored above 12' 0" high.
Tire or pallet storage over 5'0" high.)
- Flammable liquid storage tanks
- Hazardous Materials Inventory Statement
(Required for storage or use of
Hazardous Materials)
- Fixed Extinguishing System (Inspection
Only, no submittal required)
- Emergency Generator Test Report
(Submitted after installation and testing)

HEALTH INSPECTIONS

- Alcoholic Beverages
- Carpet Cleaning Ops.
- Car Washes/Sand Trap/Oil Separator
- Electronic Assemblies
- Gold Platers
- Jewelry Fabrication &/or Repair
- Landscape/Nurseries
- Machine Shop
- Metal Forming
- Oil & Lube Shop/Sand Trap/
Oil Separator
- Outside/Open storage of equipment
material or commodities
- Pesticide Formulations
- Photo Processing
- Plastic Extrusions
- Power Wash System
- Restoration System
- Tattoo Parlor/Permanent Cosmetics
- Towers/Cooling Systems
- Transmission Shops
- Vending Machines

HEALTH INSPECTIONS *

- Body Shops
- Circuit Boards
- Dry Cleaning (with flammable solvents)
- Electro Platers
- Fiberglass
- Food &/or beverage (alcoholic or non-
alcoholic processing storage)
(Type 1 Hood)
- Garage/Auto Repair Shops
- Large Industries
- Print Shop Operations
- Mfg/Research of semi-conductors
- News Papers
- Print Shops
- Poisonous or Hazardous chemicals/
Acids exceeding 500 gallons
- Reclaiming Waste Materials
- Swimming Pools
- X-Ray Processes

ANIMAL SERVICES

- Animal Establishment (such as boarding facilities, pet
stores, or grooming shops but not veterinary clinics)

♦ Requires Fire Department Review of Design Documents Submit plans directly to

Fire Dept. For all Fire Dept. Plan Submittals

*No plans required for CO Permits

PROJECTS REQUIRING HEALTH PLAN SUBMITTAL REVIEWS (EXCLUDING C.O. PERMITS)

Please indicate by placing an "X" in the area that applies

Any items in this area require plans to be inter-officed to the Health Department

This is not an all exclusive list possibly other establishments may also be in need of a Health review.

- All Day Cares (Including Church Day Cares)
- All Schools (Exception classrooms & gymnasiums)
- All Churches and Hospitals (Exception kitchens not being affected by construction)
- Convenient Stores (7-11, beer stores, candy stores, dollar stores)
- All food for public consumption (including free food, pre-packaged food, vitamin stores, coffee stores, restaurants)

Exceptions:

- Private Residences
- Baby Showers
- Employee Break rooms
- Mother's day out where only juice and crackers are served
- Vending Machines

Signature of Owner or Authorized Agent: _____ Date: _____

Person to Contact: _____ Telephone #: _____