City of New Waverly

200 Gibbs St., New Waverly, TX 77358 Phone: 936-344-6621 Fax: 936-344-3246

Email: cityofnewwaverly@yahoo.com

COMMERCIAL BUILDING PERMIT APPLICATION

For the erection of buildings, accessories, repairs, demolition, moving, etc. Expires in 6 months. (180 days); Non-Transferable.

Building Permit # _____

ross Square Foot (sf) of Structure: Proof of Ownership / Deed Attached 0.00 - \$1,000		Application Date:					
roperty Owner Mailing Address: contractor: Company Email: contractor: Company Address: cleid Supervisor Name: Email: construction Type(s): New Addition Exterior (Shell) Interior (Build Out) ross Square Foot (sf) of Structure: Onestruction Type(s): Proof of Ownership / Deed Attached 0.00 - \$1,000 \$75,00 Flat Fee 1,001 - \$50,000 \$200,000 for first \$1,000 + \$5,00 for each additional \$1,000 or fraction thereof 50,001 - \$100,000 \$445,00 for first \$50,000 + \$4,00 for each additional \$1,000 or fraction thereof 50,001 - \$100,000 \$445,00 For FIRST \$100,000 + \$3,00 for each additional \$1,000 or fraction thereof 100,001 - \$500,000 \$445,00 FOR FIRST \$500,000 + \$2,00 for each additional \$1,000 or fraction thereof PLAN REVIEW FEE IS HALF OF PERMIT FEE AND DUE UPON SUBMITTAL OF THIS PERMIT APPLICATION reparate Permits are required for Public Utilities; Electrical; Plumbing; Mechanical; Heating, Ventilation & Air Conditional rading; Alarms; Roofing; Landscaping; Fire Sprinklers and Lawn Sprinklers. I hereby attest that I am the legal owner or uthorized agent of the property described on this document. I certify that I am an authorized signer with the authority to submit this oplication. I certify that I have read and examined this application and attest that the information I am providing is correct. I hereby attest that I am the legal owner or uthorized agent of the property described on this document. I certify that I am an authorized signer with the authority to submit this opication. I certify that I have read and examined this application and attest that the information I am providing is correct. I certify that I have read and examined this application and attest that the information I am providing is correct. I printed Name: Printed Name: Printed Name: Printed Name: Printed Name: Pate:	obsite Address:						
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Paceipted for Review by:	pplicant Signature: Printed Name:				Date:		
e-inspections=\$100 each. dditional inspections required during project=\$100 each.	OFFICE USE ONLY						
e-inspections=\$100 each. dditional inspections required during project=\$100 each.	Receipted for Review by:			Date	:		
dditional inspections required during project=\$100 each.	Approved by:			Date	:		
Fire Marshall Notification Receipt #:	Re-inspections=\$100 each. Additional inspections required during project=\$100 eac	ch.	Total Fees Due:		\$		
	☐ Fire Marshall Notification		Receipt #:				

Revision: 01/01/2022