



# CITY OF DAYTON COMMERCIAL BUILDING PERMIT APPLICATION

**ADDRESS OF PROJECT:** \_\_\_\_\_ **LOT:** \_\_\_\_\_ **BLOCK:** \_\_\_\_\_  
**SUBDIVISION/TRACT:** \_\_\_\_\_ **CURRENT PROPERTY USE:** \_\_\_\_\_  
**PROPOSED PROPERTY USE:** \_\_\_\_\_ **DESCRIPTION AND NAME OF BUSINESS:** \_\_\_\_\_  
**OWNERS NAME:** \_\_\_\_\_ **PHONE:(**\_\_\_\_\_)\_\_\_\_\_  
**OWNERS ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**CONTRACTOR NAME:** \_\_\_\_\_ **PHONE:(**\_\_\_\_\_)\_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**CONTRACTOR'S E-MAIL ADDRESS:** \_\_\_\_\_  
**ARCHITECT/ENGINEER:** \_\_\_\_\_ **PHONE: (**\_\_\_\_\_)\_\_\_\_\_

Type of Permit			
New Commercial	Storage Building	Garage	Sq. Ft. _____
*Add or Remodel Commercial	Carpport		
Foundation Repair	Fire Damage		
Certificate of Occupancy	Driveway	Other	

**DESCRIPTION OF IMPROVEMENT:** \_\_\_\_\_

**COST OF IMPROVEMENT \$** \_\_\_\_\_ **OR if NEW – VALUE OF CONSTRUCTION TOTAL \$** \_\_\_\_\_

**TDLR Texas Accessibility Standards (TAS) Registration EAB #** \_\_\_\_\_ (required if improvements >\$50,000)

**SQUARE FEET OF BLDG:** \_\_\_\_\_ **NUMBER OF STORIES:** \_\_\_\_\_ **NUMBER OF BATHROOMS:** \_\_\_\_\_

**ADDRESS NUMBERS MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.**

**\*REMODEL / DEMOLITION ONLY - BY MY SIGNATURE, I HEREBY CERTIFY THAT AN ASBESTOS SURVEY HAS BEEN DONE IN ACCORDANCE WITH THE TEXAS ASBESTOS HEALTH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) FOR THE AREA(S) BEING RENOVATED AND/OR DEMOLISHED. A COPY OF THE ASBESTOS SURVEY MUST BE INCLUDED WITH THIS PERMIT APPLICATION.**

**THIS CERTIFIES THAT ON THIS DATE I MADE AN APPLICATION FOR A PERMIT WITH THE CITY OF DAYTON. I HEREBY AGREE TO FOLLOW ALL BUILDING CODES AND CITY ORDINANCES AND MEET ALL DEED RESTRICTIONS (THE CITY DOES NOT ENFORCE DEED RESTRICTIONS) AND UNDERSTAND THAT THE GRANTING OF THIS PERMIT DOES NOT PRESUME TO GIVE ME AUTORIZATION TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION. FURTHERMORE, I DO HEREBY UNDERSTAND AND ACKNOWLEDGE THAT THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION IS NOT COMMENCED WITHIN SIX (6) MONTHS FROM DATE OF THIS SIGNED APPLICATION, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX (6) MONTHS AT ANY TIME AFTER WORK OR CONSTRUCTION IS COMMENCED. MOREOVER, I HEREBY UNDERSTAND THAT ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, REGARDLESS OF STAGE OR TIMEFRAME OF CONSTRUCTION OR DEVELOPMENT.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPLICANT'S PRINTED NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

OFFICE USE ONLY	
PLAN REVIEWER _____	DATE _____
TYPE OF CONSTRUCTION _____	OCCUPANCY TYPE: _____
FLOOD PLAIN VERIFICATION	<input type="checkbox"/> NO – NOT IN FLOODPLAIN <input type="checkbox"/> YES – ELEVATION CERTIFICATE REQUIRED
FIRE SPRINKERS REQUIRED:	<input type="checkbox"/> YES <input type="checkbox"/> NO