

Commercial Development Application And Check List

LIBERTY COUNTY PERMIT AND INSPECTION DEPARTMENT

624 FANNIN STREET LIBERTY, TEXAS 77575 936-336-4560

Commercial Development Required Documents

- Tax I.D. or State License
- LLC or DBA (Contact Liberty County Clerk)
- Food Preparation Permit (Please call the Texas Department of State Health Services at 512-834-6626)
- Current Driver's License/Identification of the owner of the business
- Business Liability Insurance (Certificate of Liability Insurance)
- Lease Agreement, a Letter from Land Owner, or Proof of Ownership of Property
- Design Layout by a Professional Engineer
- Proof of payment of utilities or an OSSF paperwork
- HOA Approval if in Subdivisions where required

****As of February 26, 2020, if your business will be in an enclosed building, you will be required to get an occupancy permit. This one time fee will be \$250. ****



Liberty County Permit & Inspection Department

624 FANNIN STREET LIBERTY, TEXAS 77575 936-336-4560 PHONE

COMMERCIAL DEVELOPMENT

PERMIT APPLICATION Effective Date: August 1, 2018

DATE RECEIVED	PERMIT#			FEE A		
FOR STAFF USE ONLY:	☐ OFD	☐ RSH	□ LOTT	☐ STORMWATER	☐ PLANNING	☐ WATER SHOP
SITE LOCATION		12 12 12				
Site Address:						
Tax Parcel Number:						
Latitude,	Longitude			(decimal degrees)		
TYPE OF WORK						
Building Use Classification:						
BUILDING PERMIT INFORM						
Description of work to be done (Please be sp	ecific):				
Project Name:						
*Value of Construction: \$					College distriction of the college o	
Gross Building Square Footage	of Project:					
PROPERTY OWNER						
Owner Name:				Phone:		
Mailing Address:						
GENERAL CONTRACTOR II	VFORMATI	ON				
Company Name:						
Mailing Address:						
Contact Person:					none:()	
Email Address:				Fa	nx:()	
State Contractor's License #:				E	xpiration Date:	
DESIGN PROFESSIONAL (A				Ę		
Company Name:						
Mailing Address:						
Contact Person:				P	none: ()	_
E-Mail Address:				Fa	x: ()_	7
CONTACT PERSON (This pe	erson is de	signated to	receive all	project communicati	ons)	
Name:				Ph	ione:()	-
Mailing Address:						
E-Mail Address:				Fa	x:()	

		Terminan in service			
BUILDING INFORMATION (if no	ot applicab	le) Mark N/A			
Automatic Sprinkler required	Yes 🗇	No □	Alarm	Yes 🗇	No □
Automatic Sprinkler provided	Yes 🗆	No □	Hazardous Materials	Yes 🗇	
Quick response heads throughout	Yes □	No 🗖	Basement	Yes 🗖	No 🗇
Quick response heads per Occupant	Yes □	No 🗖	Fire Area	Yes 🗇	No 🗖
Number of Stories					
IBC SPRINKLER SUBSTITUTIO	NS (if not a	pplicable) N	iark N/A		
	,	<u> </u>			
Area Increase	Yes 🗖	No 🗖	Height Increase	Yes 🗖	No 🗖
Unlimited Area	Yes 🗖	No 🗖	One-Hour Construction	Yes 🗖	No 🗆
Story Increase	Yes 🗆	No 🗆	Other	Yes 🗖	No □
whether actually paid or not, as well as extinguishing systems, automatic sprin including furnishings. The Building Cof the International Building Code. Expiration of Plan Review: Applica	s all finish wo nkler systems Official shall n ntions for whi	ork, painting, ro , other mechan nake the final o ch no permit is	the prevailing fair market value of all labor, poffing, electrical, plumbing, heating, air coloring, systems and other permanent work or eletermination of the value of construction at issued within 180 days following the date	onditioning, ele permanent equas specified in of application	evators, fire- nipment, not Section 108.3
extension to the Plan Review time as s a period of more than 90 days.	pecified in S	Opon written ection 105.3.2 (request of the applicant, the Building Offic of the International Building Code. No app	oial may grant dication shall	a 90-day be extended for
Building Owner or Authorized A	gent:				
I hereby certify that I have read at authorized to apply for this permit		l this applica	tion and know the same to be true and	l correct, and	d I am
Signature:		Print N	ame:		