



# **COMMERCIAL DEVELOPMENT APPLICATION AND CHECKLIST**

**LIBERTY COUNTY ENGINEERING, PERMIT  
AND INSPECTIONS DEPARTMENT**

**311 Travis Street**

**Liberty, TX 77575**

**936-336-4560**

# COMMERCIAL DEVELOPMENT REQUIRED DOCUMENTS

- **Tax ID or State License**
- **LLC or DBA (Contact Liberty County Clerk)**
- **Food Preparation Permit if Required (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)**
- **Proof of Property Ownership, Lease Agreement, or Letter from Landowner**
- **Design Layout by a Professional Engineer (IBC 2018)**
- **Proof of payment of utilities or an OSSF paperwork**
- **HOA Approval if in Subdivisions when 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 \$250.00\*\*\*\****



Liberty County Engineering & Permit Department

**COMMERCIAL DEVELOPMENT**

**PERMIT APPLICATION**

**DATE RECEIVED** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_ **FEE AMOUNT \$450.00**

**SITE LOCATION**

Site Address: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**TYPE OF WORK**

Building Use Classification: \_\_\_\_\_

**BUILDING PERMIT INFORMATION**

Description of work to be done (Please be specific): \_\_\_\_\_

\_\_\_\_\_

Project Name: \_\_\_\_\_

Value of Construction \$ \_\_\_\_\_

Gross Building Square Footage of Project: \_\_\_\_\_

**PROPERTY OWNER**

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**GENERAL CONTRACTOR INFORMATION**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CONTACT PERSON (This person is designated to receive all project communications)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**BUILDING INFORMATION (IF NOT APPLICABLE) Mark N/A**

|                                   |  |                     |  |
|-----------------------------------|--|---------------------|--|
| Automatic Sprinkler required      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Alarm               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Automatic Sprinkler provided      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Hazardous Materials | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Quick response heads throughout   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Basement            | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Quick response heads per Occupant | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fire Area           | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Number of Stories \_\_\_\_\_

**IBS SPRINKLER SUBSTITUTIONS (if not applicable) Mark N/A**

|                |  |                       |  |
|----------------|--|-----------------------|--|
| Area Increase  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Height Increase       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Unlimited Area | Yes <input type="checkbox"/> No <input type="checkbox"/> | One-Hour Construction | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Story Increase | Yes <input type="checkbox"/> No <input type="checkbox"/> | Other _____           | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Value of Construction:** The value of construction shall include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire extinguishing systems, automatic sprinkler systems, other mechanical systems and other permanent work or permanent equipment, not including furnishings. The Building Official shall make the final determination of the value of construction as specified in Section 108.3 of the International Building Code.

**Expiration of Plan Review: Applications** for which no permit was issued within 180 days following the date of application or approval date shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 90-day extension to the Plan Review time as specified in Section 105.3.2 of the international Building Code. No application shall be extended for a period of more than 90 days.

**BUILDING OWNER or AUTHORIZED AGENT:**

*I hereby certify that I am authorized to sign this application and to the best of my knowledge and belief it is true and correct.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE