



City of Wilmer, Texas

DATE: \_\_\_\_\_

**APPLICATION TYPE**

PERMIT  CO

OTHER  EXPRESS

JOB NO: (OFFICE USE ONLY)

PERMIT NO: (OFFICE USE ONLY)

HEALTH REVIEW (Restaurants/Food Service)

## BUILDING INSPECTION APPLICATION

STREET ADDRESS OF PROPOSED PROJECT		SUITE/BLDG/FLOOR NO		USE OF PROPERTY	
OWNER/TENANT	ADDRESS		CITY	STATE	ZIP CODE
DBA (IF APPLICABLE)			E-MAIL ADDRESS		
APPLICANT		CONTR NO	COMPANY NAME		
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF PROPOSED PROJECT		CONST AREA (sq ft)	NEW CONST		NEW CONST
			REMODEL		REMODEL
			LEASE		
			TOTAL AREA		VALUATION (\$)
					TOTAL VALUATION
<p>ALL FOOD SERVICE ESTABLISHMENTS REQUIRE A GREASE INTERCEPTOR INSTALLED ONSITE. CHECK BOX IF THERE IS ONE LOCATED ON THE PROPERTY. <input type="checkbox"/></p> <p>PLEASE INDICATE ALL TYPES OF WORK THAT WILL BE PART OF THIS PROJECT BY CHECKING THE APPROPRIATE BOX AND PROVIDE CONTRACTOR/SUBCONTRACTOR INFORMATION ON THE BACK OF THIS FORM. NOTE: AN AFFIDAVIT IS REQUIRED FOR THE SALE OR SERVING OF ALCOHOL.</p> <p> <input type="checkbox"/> BUILDING    <input type="checkbox"/> PLUMBING    <input type="checkbox"/> FENCE    <input type="checkbox"/> DRIVE APPROACH    <input type="checkbox"/> BACKFLOW    <input type="checkbox"/> BARRICADE  <input type="checkbox"/> ELECTRICAL    <input type="checkbox"/> FIRE SPRKLR    <input type="checkbox"/> SIGN    <input type="checkbox"/> SWIMMING POOL    <input type="checkbox"/> CUSTOMER SVC    <input type="checkbox"/> GREEN BUILDING/LEED  <input type="checkbox"/> MECHANICAL    <input type="checkbox"/> FIRE ALARM    <input type="checkbox"/> LANDSCAPE    <input type="checkbox"/> LAWN SPRINKLER    <input type="checkbox"/> FLAMMABLE LIQUID    <input type="checkbox"/> OTHER: _____         </p>					
WILL ALCOHOL BE SOLD/SERVED? <input type="radio"/> YES <input type="radio"/> NO		PERSONAL SERVICE LICENSE REQUIRED FOR THE PROPOSED USE? <input type="radio"/> YES <input type="radio"/> NO			
WILL THERE BE A DANCE FLOOR? <input type="radio"/> YES <input type="radio"/> NO		ARE POTENTIALLY HAZARDOUS FOODS/OPEN FOODS BEING SOLD? <input type="radio"/> YES <input type="radio"/> NO			
I HAVE CAREFULLY READ THE COMPLETED APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT AND HEREBY AGREE THAT IF A PERMIT IS ISSUED ALL PROVISIONS OF THE CITY ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH WHETHER HEREIN SPECIFIED OR NOT. I AM THE OWNER OF THE PROPERTY OR THE DULY AUTHORIZED AGENT. PERMISSION IS HEREBY GRANTED TO ENTER PREMISES AND MAKE ALL INSPECTIONS.					APPLICANT SIGNATURE

### FOR OFFICE USE ONLY

ZONING				BUILDING		MISCELLANEOUS	
LAND USE	TYPE OF WORK	BASE ZONING	PD	CONSTRUCTION TYPE	OCCUPANCY	ACTIVITY	OWN
LOT	BLOCK	REQUIRED PARKING	PROPOSED PARKING	SPRINKLER	OCCUPANT LOAD	FLOOD PLAIN	AIRPORT
LOT AREA	BDA	SUP	RAR	STORIES	DWELLING UNITS	SPECIAL INSPECTIONS	HISTORICAL
DIR	EARLY RELEASE	DEED RESTRICTION	PARKING AGREEMENT	NUMBER BEDROOMS	NUMBER BATHROOMS	DRY	LL

  

ROUTE TO	REVIEWER	DATE	APPLICATION REMARKS	FEE CALCULATIONS (\$)
PRE-SCREEN				PERMIT FEE
ZONING				SURCHARGE
BUILDING				PLAN REVIEW FEE
ELECTRICAL				PREQUALIFICATION REVIEW FEE
PLUMBING/MECHANICAL				EXPRESS PLAN REVIEW
GREEN BUILDING				HOURLY FEE TOTAL
HEALTH				HEALTH PERMIT FEE
HISTORICAL/CONS DIST				OTHER FEES
PUBLIC WORKS				OTHER FEES
WATER				OTHER FEES
FIRE				OTHER FEES
LANDSCAPING				TOTAL FEES
AVIATION				\$
OTHER:				

## CONTRACTORS

<b>GENERAL CONTRACTOR</b>					
NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					
<b>ELECTRICAL CONTRACTOR</b>					
NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					
<b>MECHANICAL CONTRACTOR</b>					
NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					
<b>PLUMBING CONTRACTOR</b>					
NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					
<b>OTHER CONTRACTOR</b>					
NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					
<b>OTHER CONTRACTOR</b>					
NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					
<b>OTHER CONTRACTOR</b>					
NAME	CONTR NO	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	PHONE NO	FAX NO
DESCRIPTION OF WORK					
<b>CONTRACTOR COMMENTS</b>					