



City of San Angelo, Texas - Building Permits & Inspections
 52 West College Avenue
Commercial Approach Application



NOTE: Incomplete applications will not be accepted. All required fields must be filled in adequately. Only one Authorized Representative (as designated in Section 1) will be notified of any changes in status & contacted with any questions. Use "N/A" where an item is not applicable.

Section 1: Basic Information

Property Address _____

Legal Description (can be found on property tax statement or at www.tomgreencad.com) _____

Project Valuation (estimate): _____

Contractor Name Authorized Representative Yes No Phone Number Email Address

Property Owner Name Authorized Representative Yes No Phone Number Email Address

Section 2: Property Characteristics

Lot Size (Square Feet) Lot Size (Acreage) Lot Frontage 1 (Linear Feet) & Street Name Lot Frontage 2 (Linear Feet) & Street Name

Description of Approach: _____

Existing Zoning:

CN CO CG CG/CH CBD OW ML MH PD Other (include case number: _____)

On State Right-of-Way: YES NO Received TxDOT Approval: YES NO

Special Conditions: _____

This review is based upon the latest adopted applicable codes of the City of San Angelo and does not relieve any or all parties from complying with all federal, state, or local rules and regulations that may not have been covered or mentioned. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. You have the right to appeal any administrative decision to the appropriate appeals board.

The undersigned certifies that the above information is correct to the best of my knowledge and that I have read, fully understand and agree to abide by all applicable city ordinances and specifications. I agree to install and maintain adequate barricades, lights, and signs to property safeguard the public. I hereby agree, understand, and accept all items listed in this plan review and further understand that this review was based on plans submitted.

Contractor or Property Owner Signature _____ Date _____

FOR OFFICE USE ONLY

Reviewed/Accepted by: _____ Date: ____/____/____ Verified Complete Verified Incomplete

Action needed: _____

Permit Number: _____ Issued By: _____ Date Issued: ____/____/____