

Section 3: Utility Information

Water: City - requesting new services Proposed size? _____
 City - utilizing existing services Existing size? _____
 Other Please specify: _____

Sewer: City - requesting new services Proposed size? _____
 City - utilizing existing services Existing size? _____
 Other Please specify: _____
 Septic System Lot size? _____

(NOTE: Please see Tom Green County Health Department for Septic System Permit 325-658-1024)

Section 4: Project Scope

Scope of Work (select all that apply): Change of occupancy Construction Addition House Moving Repair Work
 Alteration Demolition Carport Accessory Building

Valuation of Project: \$ _____ Description of Work: _____

Section 5: Residential Only

Homestead Exempt? Yes No

Total square footage of all existing buildings on site: _____ Square footage of proposed work: _____

Square Footage (Heated / Unheated)	Square Footage (Heated / Unheated)
Building 1: _____	Building 2: _____
Building 3: _____	Building 4: _____
Building 5: _____	Building 6: _____

Section 6: Land Use / Occupancy (section applicable to non-residential or multi-family projects only)

Current Zoning: _____ Is there currently an open application to rezone? Yes No

Existing Use or Most Recent Use of Land: _____

Proposed Use of Land: _____

Does the Proposed Use Require a Conditional Use or Special Use? Yes No
 (For assistance, please consult the [Use Table](#) or contact the Planning Division at 657-4210, #2)

Existing Use or Most Recent Use of All Building(s) (if they exist): _____

Proposed Use of All Building(s): _____

Does the proposed use / occupancy include storage? Yes No
 If yes, summarize the types of things which will be stored. _____

If yes, how many employees does the business have? _____

If yes, will storage - either items themselves, or shelving - exceed 12' in height? Yes No

If yes, will any items be stored outside building(s) on site? Yes Explain: _____ No

Hours of Operation: 8 AM -12 PM & 1PM – 5 PM

No payments or permit issuance can be made after 4 PM due to accounting constraints. 325-657-4210, #1 www.cosatx.us/permits

Section 6 continued: Land Use / Occupancy (section applicable to non-residential or multi-family projects only)

Does the proposed use / occupancy include an area for customers? Yes No

Will the service(s) offered by the business take place on-site, off-site, or both? _____

Will there be any full-time living or part-time lodging on-site? If so, explain: _____

Is there a freight movement component to the business? If so, explain: _____

Is there a manufacturing component to the business? If so, explain: _____

Is there a sales component to the business? If so, explain: _____

Is there any existing or proposed storage of fuel or water on-site? If so, explain: _____

If multi-family or lodging, how many units? _____

Note that, for all construction projects, an architect and / or an engineer may be required. The attached flowcharts on pages 5 & 6 outline when this is the case.

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. Additionally, I understand that there is a non-refundable submittal fee of ten percent (10%) of the overall permit fee and this fee will be applied toward the overall permit fee.

Authorized Representative Signature

Date

FOR OFFICE USE ONLY:

Submitted to front desk: _____ Deemed preliminary complete: _____
Date Date Time Initials

Received by Development Services Technician for completeness review: _____
Date Time Initials

Completeness review passed? Yes _____ No _____
Date Date

If yes, when was application scheduled for staff review, if applicable? _____
Date Initials

If no, when was rejection & list of deficiencies (attach copy) sent to Authorized Representative? _____
Date Initials

Resubmittal received by Development Services Technician for completeness review: _____
Date Initials

Completeness review passed? (Note: If resubmittal still incomplete after a second review, schedule appointment with Authorized Representative.)

Yes _____ No _____
Date Date

Are additional permits (e.g., sign) required for this project? If so, include the approval date(s) and permit type(s): _____
