



Commercial Building Permit Application

Permit Number: _____ Date: _____

Project Address: _____

Project Description: _____

- | | | | |
|----------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Addition | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Sign | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Demolition |

Valuation of Project: _____ Area square feet: _____

Owner Name: _____ Telephone: _____

Owner Address: _____

Owner Email: _____

General Contractor: _____ License Number: _____

Contact Person: _____ Telephone: _____

Electrical Contractor: _____ License Number: _____

Contact Person: _____ Telephone: _____

Mechanical Contractor: _____ License Number: _____

Contact Person: _____ Telephone: _____

Plumbing Contractor: _____ License Number: _____

Contact Person: _____ Telephone: _____

Engineer/ Architect: _____ Telephone: _____

Contact Person: _____ Email: _____

Is the project in the 100-year flood plain? ☐ Yes ☐ No

If yes, then a Certificate of Elevation from a licensed surveyor must be attached.

(See back)

Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAKPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP)?

☐ Yes ☐ No

Date of Survey: _____ TDH Inspector License Number: _____

If the answer is NO, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAKPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Brady.

All permits require final inspection. A certificate of occupancy must be issued before any building is occupied.

Applicant Signature: _____ Date: _____

Completed application can be emailed to lalsop@bradytx.us. Thank you.