



CITY OF DICKINSON COMMERCIAL BUILDING PERMIT APPLICATION

For Office Use Only

PERMIT NUMBER: _____	FEES DUE: _____
DATE SUBMITTED: _____	ZONING DISTRICT: _____

ADDRESS OF PROJECT: _____

PROPERTY OWNER: _____ PHONE: (____) _____

OWNER ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

ENGINEER/ ARCHITECT: _____ PHONE: (____) _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

CONTRACTOR NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

WINDSTORM ENGINEER: _____ PHONE: (____) _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

Permit Type		
New Commercial Development	Add/ Remodel	Other: _____

DESCRIPTION OF IMPROVEMENT: _____

COST OF IMPROVEMENT \$ _____ (Dollar value of Labor and Materials) Square Footage of Building _____

Texas Accessibility Standards (TAS) Registration Number (Required if \$50,000 or more): _____

ADDRESS NUMBERS MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.

I hereby certify that the statements on this application are true to the best of my knowledge and belief. I further certify that I, the applicant agree to build in accordance with the City of Dickinson Code Of Ordinances or other governing codes. I also agree that no work will be started on the property prior to securing a building permit. Knowingly making a false entry on a governmental record is a felony of the 3rd degree in accordance with Section 37.01(a)(1) of the Texas Penal Code.

APPLICANTS SIGNATURE _____ DATE _____

APPLICANTS PRINTED NAME _____

OFFICE USE ONLY	
Planning and Zoning (includes WCID#1 and Health District Approval)	
Reviewed By: _____	Date _____ _____ Approved _____ Rejected
Building Department	
Reviewed By: _____	Date _____
Type of Construction _____ Occupancy Type _____	Approved _____ Rejected _____
Fire Marshal's Office	
Reviewed By: _____	Date _____ _____ Approved _____ Rejected