



COMMERCIAL DEVELOPMENT APPLICATION AND CHECKLIST

**LIBERTY COUNTY ENGINEERING, PERMIT
AND INSPECTIONS DEPARTMENT**

624 Fannin Street

Liberty, TX 77575

936-336-4560

COMMERCIAL DEVELOPMENT REQUIRED DOCUMENTS

- **Tax ID or State License**
- **LLC or DBA (Contact Liberty County Clerk)**
- **Food Preparation Permit if Required (Please call the Texas Department of State Health Services at 512-834-6626)**
- **Current Driver's License/Identification of the Owner of the business**
- **Business Liability Insurance (Certificate of Liability Insurance)**
- **Proof of Property Ownership, Lease Agreement, or Letter from Landowner**
- **Design Layout by a Professional Engineer (IBC 2018)**
- **Proof of payment of utilities or an OSSF paperwork**
- **HOA Approval if in Subdivisions when required**

*****As of February 26, 2020, if your business will be in an enclosed building, you will be required to get an occupancy permit. This one-time fee will be \$250.00*****



Liberty County Engineering & Permit Department

COMMERCIAL DEVELOPMENT

PERMIT APPLICATION

DATE RECEIVED

PERMIT #

FEE AMOUNT \$450.00

SITE LOCATION

Site Address: _____

Tax Parcel Number: _____

Latitude: _____ Longitude: _____

TYPE OF WORK

Building Use Classification: _____

BUILDING PERMIT INFORMATION

Description of work to be done (Please be specific): _____

Project Name: _____

Value of Construction \$ _____

Gross Building Square Footage of Project: _____

PROPERTY OWNER

Owner Name: _____ Phone: _____

Mailing Address: _____

GENERAL CONTRACTOR INFORMATION

Company Name: _____

Mailing Address: _____

Contact Person: _____

Email Address: _____

CONTACT PERSON (This person is designated to receive all project communications)

Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

BUILDING INFORMATION (IF NOT APPLICABLE) Mark N/A

Automatic Sprinkler required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Automatic Sprinkler provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hazardous Materials	Yes <input type="checkbox"/> No <input type="checkbox"/>
Quick response heads throughout	Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Quick response heads per Occupant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Area	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Stories	_____		

IBS SPRINKLER SUBSTITUTIONS (if not applicable) Mark N/A

Area Increase	Yes <input type="checkbox"/> No <input type="checkbox"/>	Height Increase	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unlimited Area	Yes <input type="checkbox"/> No <input type="checkbox"/>	One-Hour Construction	Yes <input type="checkbox"/> No <input type="checkbox"/>
Story Increase	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Value of Construction: The value of construction shall include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire extinguishing systems, automatic sprinkler systems, other mechanical systems and other permanent work or permanent equipment, not including furnishings. The Building Official shall make the final determination of the value of construction as specified in Section 108.3 of the International Building Code.

Expiration of Plan Review: Applications for which no permit was issued within 180 days following the date of application or approval date shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 90-day extension to the Plan Review time as specified in Section 105.3.2 of the international Building Code. No application shall be extended for a period of more than 90 days.

BUILDING OWNER or AUTHORIZED AGENT:

I hereby certify that I am authorized to sign this application and to the best of my knowledge and belief it is true and correct.

SIGNATURE

PRINTED NAME

DATE