



201 Bolivar Street/PO Box 1729 * Sanger, TX 76266
940-458-2059(office)*940-458-4072(fax)*www.sangertexas.org

New Commercial Permit Requirement Checklist

Contractor must supply three (3) sets of construction drawings which contain the following specifications

*Note: All property shall be properly platted before a permit will be issued.

Commercial Permit Application Complete commercial application. Subcontractor information must be provided prior to permit being issued

3 Sets of Scaled Construction Drawings which include the following applicable details.

- Site utility connections including grades, elevations, and sizes
- Engineered site civil plans
- Engineered foundation plans
- Floor plan/Details
- Building elevations
- Engineered building structural plans and details
- Fire lane location, dimensions, and paving design
- Landscaping plans
- Energy plan review
- Parking and driving aisles – number, dimensions, and design
- Projects valued over \$50,000.00 require submittal to TDLR for architectural barriers review

3 Sets of Scaled Plot Plans to include the following

- Property lines and dimensions
- Easements
- Building location
- Driveway locations and widths
- Front, side, and rear yard setbacks
- Lot, block, and subdivision name
- Name of street fronting property
- North arrow and scale

New Construction
 Remodel
 Addition



Permit # _____
 Date _____

201 Bolivar Street/PO Box 1729 * Sanger, TX 76266
 940-458-2059(office)*940-458-4072(fax)*www.sangertexas.org

Commercial Building Permit Application

Site Address _____ Estimated Project Value \$ _____
 Subdivision _____ Lot _____ Block _____ Zoning Classification _____ Lot (sf) _____
 Description of Work _____ 1st Flr (sf) _____ 2nd (sf) _____ Total Bldg (sf) _____ Remodel (sf) _____
 Business Name _____ Use of Building _____ Covered Lot Area % _____

Owner/Contact Information

Contact person: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Business Owner: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Property Owner: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____

Contractor Information

Gen Contractor: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Elec Contractor: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Plumb Contractor: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Mech Contractor: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Concrete Contractor: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____

Sign Information

Existing exterior signage? Yes No No. of: total existing signs _____
 Proposing to change any signage? Yes No Pole signs _____ Wall signs _____
 Proposing any new signage? Yes No Monument signs _____ Roof signs _____

Fire Prevention Information – Does your occupancy or business involve any storage, sale, or use of the following?

Flammable/combustible liquids (10 gal or more)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fireworks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On-site consumption of alcoholic beverages	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Magnesium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Storage (higher than 12') of combustible items	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Paint/flammable material	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dust producing equipment or materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Poisonous or hazardous chemicals or acids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compressed gases	Yes <input type="checkbox"/>	No <input type="checkbox"/>	LP Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explosives or ammunition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Fence Information

Existing fence? Yes No Fence type (existing) _____

Proposing new fence? Yes No Fence type (proposed) _____

By signing below, I hereby certify that I am the owner (or) authorized agent of the owner of this property and that I have read and examined this application and know the same to be true and correct. I grant permission to the City of Sanger, Texas and its authorized agents to enter the premise and associated structures for the performance of official duties. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction. The issuance of any permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not.

Applicant Name (please print)

Applicant Signature

Approval (Building Official)

Date

Date

Date