

COLLIN COUNTY COMMERCIAL APPLICATION



FOR NEW BUSINESS, REMODEL, AND UPDATED INFORMATION

BUSINESS NAME		MAILING ADDRESS (COMPLETE)		PHONE
BUSINESS OWNER		CURRENT ADDRESS (STREET, CITY, AND STATE)		DAYTIME PHONE
PROPERTY OWNER		CURRENT ADDRESS (STREET, CITY, AND STATE)		DAYTIME PHONE
PROJECT 911 ADDRESS (IF DIFFERENT FROM ABOVE)				PROJECT VALUE
				\$
DIRECTIONS TO PROJECT:				
PROJECT DESCRIPTION (CIRCLE OR COMPLETE ALL THAT APPLY)				
CIRCLE ONE	SEPTIC	TYPE OF BUSINESS		EXISTING OSSF INFORMATION
NEW CONSTRUCTION	NEW	STORE	WRECKING YARD	NAME ON ORIGINAL PERMIT: _____
Or	Or	STORE WITH FOOD SERVICE	JUNK YARD	TYPE: _____
EXISTING	EXISTING	RESTAURANT	GARAGE (AUTO)	APPROX. AGE: _____
		DAY CARE: CHILD OR ADULT	OTHER	INSTALLER: _____
		HANGAR		
<u>BRIEFLY DESCRIBE TYPE OF WORK BEING DONE:</u>				
BUILDER		ADDRESS (STREET, CITY, STATE)		PHONE
ELECTRICIAN & LICENSE #		ADDRESS (STREET, CITY, STATE)		PHONE
PLUMBER & LICENSE #		ADDRESS (STREET, CITY, STATE)		PHONE
COMPANY			PHONE	
SEPTIC SITE EVALUATOR (INDIVIDUAL NAME)		ADDRESS (STREET, CITY, STATE)		PHONE
COMPANY			PHONE	
SEPTIC INSTALLER (INDIVIDUAL NAME)		ADDRESS (STREET, CITY, STATE)		PHONE
A TCEQ license is required for all OSSF installations and repairs.				
COMPANY			PHONE	
POWER COMPANY:			ACCOUNT NUMBER:	
GAS CO:		TYPE:		WATER CO:



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BUSINESS NAME:	
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PROJECT DETAILS	PROJECT USAGE
TOTAL SQ. FEET: _____ TOTAL ACRES OF DISTURBED LAND: _____ # OF BEDROOMS: _____ # OF RESTROOMS: _____ # OF KITCHENS: _____ KITCHEN ISLAND: YES or NO GARAGE: ATTACHED or DETACHED HEAT: JACUZZI TUB: YES or NO HEAT: ELEC or LP WATER: ELEC or LP FIREPLACE: YES or NO LOGLIGHTER: YES or NO	IS THE BUSINESS OPEN TO PUBLIC YES or NO WILL BUSINESS HAVE OVERNIGHT FACILITIES YES or NO WILL THERE BE PUBLIC RESTROOMS YES or NO WILL THERE BE FOOD PREPARATION YES or NO WILL THERE BE SALE OF UNPREPARED FOOD YES or NO TYPE OF FOOD BEING SOLD: COLD / SHELF MATERIALS BEING STORED (LIST ALL POTENTIAL HAZARDOUS MATERIALS) _____ _____

STRUCTURAL INFORMATION (CIRCLE APPLICABLE)	EMPLOYEE INFORMATION
METAL FRAME WOOD FRAME TYPE OF ROOF: _____ OTHER: _____	NUMBER OF EMPLOYEES (FULL TIME): _____ NUMBER OF EMPLOYEES (PART TIME): _____ NUMBER OF EMPLOYEES PER SHIFT: _____

PROJECT OPERATION	DAY CARE CENTER INFORMATION
HOURS OF OPERATION: _____ TO _____ or 24 HOURS DAYS OF OPERATION: _____ TO _____ OR OTHER: _____	SIZE: NUMBER OF CHILDREN: _____ ADULT: (NUMBER) _____ TYPE: IN HOME CENTER KINDERGARTEN / NURSERY / SCHOOL AGE

BUSINESS OWNER SIGNATURE
PROPERTY OWNER SIGNATURE
BUILDER SIGNATURE

DATE
DATE
DATE

Contact: _____ **Phone:** _____