



COMMERCIAL PERMIT APPLICATION

TODAY'S DATE: _____

ALL CONTRACTORS

MUST FIRST REGISTER (ONE TIME ONLY) THROUGH THE CITIZEN SELF SERVICE (CSS) PORTAL PRIOR TO COMPLETING THIS FORM

*NOTE: This application may be used for all New and Alteration construction. Please use separate application for Certificate of Occupancy (no construction).
For all residential construction please use the Residential Permit Application.*

Check the box for the type of Commercial Permit:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Alteration | <input type="checkbox"/> Addition | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Temp Use /Construction Trailer |
| <input type="checkbox"/> Clean & Show | <input type="checkbox"/> M.E.P. Stand Alones | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Seasonal Products for 30 Days | <input type="checkbox"/> Misc. Site Work |

PROJECT NAME: _____

Project Address: _____
(Street address) (Suite)

Subdivision: _____ Lot: _____ Block: _____

Property Owner: _____
(Name) (Address) (City, State, & Zip Code)

(Email) (Phone)

Project Type, Detailed Scope and Location of Work (please be specific, add separate sheet if necessary):

Valuation of Work: \$ _____ Gross Square Footage: _____ Unit/Suite Square Footage: _____

Stories: _____ Number of Buildings: _____

Construction Type: _____ Occupancy Load: _____ Occupancy Type: _____

TDLR Number: _____

- Piers? Auto Fire Sprinkler? Elect. Provider: Oncor GCEC CoServ Gas Provider: Atmos CoServ

Seasonal Product to be sold (Pumpkins, Christmas Trees, etc.) _____

Check the box for the type of Commercial MEP Stand Alone Permit? Mechanical Electrical Plumbing

NOTICE: AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE; OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. **ALL PERMITS REQUIRE FINAL INSPECTION.** I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Print Applicant's Name: _____ Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Building Inspections Department

221 N. Tennessee Street • McKinney, Texas 75069 • Tel: 972-547-7400 • Fax 972-547-2605 Website: www.mckinneytexas.org

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SUB CONTRACTOR VALIDATION

Project Information	
Project Address:	
Electrical Subcontractor	
TDLR - Electrical Contractor Company Name:	
TDLR - Electrical Contractor License #:	
TDLR - Master Electrician Name:	
TDLR - Master Electrician License #:	
License Holder/Agent print Name:	
License Holder/Agent Signature:	
Plumbing Subcontractor	<input type="checkbox"/> Check box if the project has gas service
TSBPE - Company Name:	
TSBPE - Master Plumber Name:	
TSBPE - Master Plumber License #:	
TSBPE - MED Gas License # (if applicable):	
License Holder/Agent print Name:	
License Holder/Agent Signature:	
Mechanical Subcontractor	
TDLR - Air Conditioning /Refrigeration Contractor Name:	
TDLR - License Holder Name:	
TDLR – License Holder #	
License Holder/Agent print Name:	
License Holder/Agent Signature:	
Registered Design Professional in Responsible Charge (Architect or Engineer)	
Company Name:	
Address:	
Contact Person Name:	Phone:
Email Address:	
Signature of Registered Design Professional:	

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SUB CONTRACTOR VALIDATION

Authorized Applicant / Agent	
Company Name:	
Address:	
Contact Person Name:	Phone:
Email Address:	
Signature: :	
General Contractor	
Company Name:	
Address:	
Contact Person Name:	Phone:
Email Address:	

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