

COLLIN COUNTY
COMMERCIAL APPLICATION
FOR NEW BUSINESS, REMODEL,
AND UPDATED INFORMATION



BUSINESS NAME		MAILING ADDRESS -STREET - CITY-STATE-ZIP CODE		PHONE
BUSINESS OWNER		HOME ADDRESS - STREET- CITY- STATE-ZIP CODE		DAYTIME PHONE
PROPERTY OWNER		CURRENT ADDRESS-STREET- CITY- STATE-ZIP CODE		DAYTIME PHONE
EMAIL ADDRESS:				
PROJECT 911 ADDRESS (IF DIFFERENT FROM BUSINESS MAILING ADDRESS) & DIRECTIONS				PROJECT VALUE
PROJECT DESCRIPTION				
CIRCLE ONE	SEPTIC	TYPE OF BUSINESS		EXISTING OSSF INFORMATION
New Construction	New	<input type="checkbox"/> Store <input type="checkbox"/> Store with Food Service <input type="checkbox"/> Restaurant <input type="checkbox"/> Wrecking Yard <input type="checkbox"/> Junk Yard <input type="checkbox"/> Garage (auto) <input type="checkbox"/> Day Care: child or adult <input type="checkbox"/> Hanger <input type="checkbox"/> Other _____		Existing OSSF: ___Yes___ No
Or	Or			OFFICE USE ONLY
Existing	Existing			Original Permit #: _____
				Type: _____
DESCRIBE TYPE OF BUSINESS, ANY MATERIALS STORED & TYPE OF WORK BEING DONE:				
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)	
COMPANY			PHONE	
SEPTIC INSTALLER (INDIVIDUAL NAME)			ADDRESS (STREET, CITY, STATE)	
COMPANY			PHONE	
POWER COMPANY:			ACCOUNT NUMBER:	
GAS CO:		TYPE:		WATER CO:

COMMERCIAL APPLICATION



BUSINESS NAME:	
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PROJECT DETAILS	PROJECT USAGE
<p>TOTAL SQ. FEET: _____</p> <p>Total Acres of Disturbed Land: _____</p> <p># of bedrooms: _____</p> <p># of Restrooms: _____</p> <p># of Kitchens: _____</p> <p># of Breakrooms: _____</p> <p>Fireplace: yes__no__ wood__gas_____</p> <p><input type="checkbox"/> Fire Alarm System</p> <p><input type="checkbox"/> Fire Sprinkler System</p> <p><input type="checkbox"/> Special Extinguishing System</p> <p><input type="checkbox"/> Heat: Electric or LP</p> <p><input type="checkbox"/> Water: Electric or LP</p>	<p>IS THE BUSINESS OPEN TO PUBLIC: YES or NO</p> <p>WILL BUSINESS HAVE OVERNIGHT FACILITIES: YES or NO</p> <p>WILL THERE BE PUBLIC RESTROOMS: YES or NO</p> <p>WILL THERE BE FOOD PREPARATION: YES or NO</p> <p>WILL THERE BE SALE OF UNPREPARED FOOD: YES or NO</p> <p>TYPE OF FOOD BEING SOLD: COLD / SHELF</p> <p>MATERIALS BEING STORED: (LIST ALL POTENTIAL HAZARDOUS MATERIALS)</p> <p>_____</p> <p>_____</p>

STRUCTURAL INFORMATION	EMPLOYEE INFORMATION
<p>METAL FRAME _____ WOOD FRAME _____</p> <p>TYPE OF ROOF: _____</p> <p>OTHER: _____</p>	<p>NUMBER OF EMPLOYEES (FULL TIME): _____</p> <p>NUMBER OF EMPLOYEES (PART TIME): _____</p> <p>NUMBER OF EMPLOYEES PER SHIFT: _____</p>

PROJECT OPERATION	OCCUPANCY INFORMATION
<p>HOURS OF OPERATION: _____ TO _____ or 24 HOURS</p> <p>DAYS OF OPERATION: _____ TO _____</p> <p>OR OTHER: _____</p>	<p>Requested Maximum Occupancy: _____ (Not including Employees – enter employee # above)</p> <p>FM OFFICE USE ONLY:</p> <p>OCCUPANCY CLASSIFICATION: _____</p> <p>FM APPROVED OCC. LOAD: _____</p>

BUSINESS OWNER SIGNATURE	DATE
PROPERTY OWNER SIGNATURE	DATE
BUILDER SIGNATURE	DATE

Contact: _____ Phone # _____

Development Services - 972-548-5585

Fire Marshal – 972-548-5576