

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



<b>BUSINESS NAME</b>		<b>MAILING ADDRESS –STREET - CITY-STATE-ZIP CODE</b>		<b>PHONE</b>
<b>BUSINESS OWNER</b>		<b>HOME ADDRESS - STREET- CITY- STATE-ZIP CODE</b>		<b>DAYTIME PHONE</b>
<b>PROPERTY OWNER</b>		<b>CURRENT ADDRESS-STREET- CITY- STATE-ZIP CODE</b>		<b>DAYTIME PHONE</b>
<b>EMAIL ADDRESS:</b>				
<b>PROJECT 911 ADDRESS (IF DIFFERENT FROM BUSINESS MAILING ADDRESS) &amp; DIRECTIONS</b>				<b>PROJECT VALUE</b>
<b>PROJECT DESCRIPTION</b>				
<b>CIRCLE ONE</b>	<b>SEPTIC</b>	<b>TYPE OF BUSINESS</b>		<b>EXISTING OSSF INFORMATION</b>
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			<b>OFFICE USE ONLY</b>
Existing	Existing			Original Permit #: _____
				Type: _____
<b>DESCRIBE TYPE OF BUSINESS, ANY MATERIALS STORED &amp; TYPE OF WORK BEING DONE:</b>				
<b>BUILDER</b>		<b>ADDRESS (STREET, CITY, STATE)</b>		<b>PHONE</b>
<b>ELECTRICIAN &amp; LICENSE #</b>		<b>ADDRESS (STREET, CITY, STATE)</b>		<b>PHONE</b>
<b>PLUMBER &amp; LICENSE #</b>		<b>ADDRESS (STREET, CITY, STATE)</b>		<b>PHONE</b>
<b>COMPANY</b>			<b>PHONE</b>	
<b>SEPTIC SITE EVALUATOR (INDIVIDUAL NAME)</b>			<b>ADDRESS (STREET, CITY, STATE)</b>	
<b>COMPANY</b>			<b>PHONE</b>	
<b>SEPTIC INSTALLER (INDIVIDUAL NAME)</b>			<b>ADDRESS (STREET, CITY, STATE)</b>	
<b>COMPANY</b>			<b>PHONE</b>	
<b>POWER COMPANY:</b>			<b>ACCOUNT NUMBER:</b>	
<b>GAS CO:</b>		<b>TYPE:</b>		<b>WATER CO:</b>

# COMMERCIAL APPLICATION



<b>BUSINESS NAME:</b>	
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PROJECT DETAILS	PROJECT USAGE
<p><b>TOTAL SQ. FEET:</b> _____</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"/> <b>Fire Alarm System</b></p> <p><input type="checkbox"/> <b>Fire Sprinkler System</b></p> <p><input type="checkbox"/> <b>Special Extinguishing System</b></p> <p><input type="checkbox"/> <b>Heat: Electric or LP</b></p> <p><input type="checkbox"/> <b>Water: Electric or LP</b></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	DAY CARE CENTER INFORMATION
<p>HOURS OF OPERATION: _____ TO _____ or 24 HOURS</p> <p>DAYS OF OPERATION: _____ TO _____</p> <p>OR OTHER: _____</p>	<p>NUMBER OF CHILDREN: _____</p> <p>NUMBER OF ADULTS: _____</p> <p>TYPE: IN HOME CENTER</p> <p>KINDERGARTEN / NURSERY / SCHOOL AGE</p>

BUSINESS OWNER SIGNATURE	DATE
PROPERTY OWNER SIGNATURE	DATE
BUILDER SIGNATURE	DATE

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**Development Services - 972-548-5585**

**Fire Marshal – 972-548-5576**