

## City of Kemah, Texas Department of Community Services

## **COMMERCIAL PLAN REVIEW APPLICATION**

			Р	ermit #:
Job Address:				
Owner:		Contractor:		
Address:		Address:		
City, St, Zip:		City, St, Zip:		
Phone:		Phone:		
E-mail:		E-mail:		
Description of Work:				
New	Construction Type			es of the completed set of ocuments are required for
Addition			commercial plan	review. Additional sets of plans d for fire sprinklered buildings
Alteration	Valuation of Work \$		and/or for project	ts requiring a health review.  De drawn to scale, dimensioned
Repair			and of sufficient	clarity. Drawings containing a
Other	Square Footage			t for construction" or "for pricing accepted for permit application.
Scope of Work:				
<b>TEXAS DEPT OF LICENSING AN</b> number. To register, call 512-4	•	•	•	
PROFESSIONAL LICENSE: Each Registered Architect, Register Texas Engineering and Architec	ed Engineer, Registered Interi		-	, ,
A separate application and pe	rmit will be required for outdo	oor sign installat	ions.	
I hereby certify that I have rea of laws and ordinances govern				
Owner/Agent Signature(s):		Plan	Review Fee:	\$
_		Payn	nent Type:	
Date:		Payn	nent Date:	