



1. BUSINESS OWNER (Tenant) INFORMATION

Business Name (Doing Business As):

Type of Business: _____

Business Location Address and Suite #:

Business Tax ID #: _____

Business Owner Name (Tenant):

Business Owner (Tenant) Mailing Address:

City, State, Zip Code:

Business Owner (Tenant) Phone Number(s):

Business Owner (Tenant) Email:

On Site Manager Name: _____

On Site Manager Phone Number(s): _____

Expected Annual Sales: _____

3. PROPERTY MANAGEMENT INFORMATION

Property Management Company Name:

Contact Name: _____

Contact Phone Number(s): _____

Contact Email: _____

4. PROPERTY INFORMATION (per owner of Property)

Square Footage being leased: _____

Occupancy Type of Business: _____

Construction Type of Building: _____

Is there a Fire Sprinkler system: _____

Previous Type of Business: _____

Ownership Change and/or Name Change

Changes being made to the building? Yes or No

Required Floor Plan with Dimensions Submitted: Yes

5. READ AND SIGN

Please read the requirements below, then sign that you understand them...

- ✓ Upon completion of **paperwork**, paying **\$100.00** for inspection & setting **date for inspection**, we will send an email to CoServ to release account & a release to the water department (if applicable).
- ✓ All inspections must be done within **10 days** for all **Commercial properties**. The inspections are scheduled **Monday thru Friday**. **If you must reschedule, please call us 24 hours in advance.**
- ✓ Please note that all the utilities (water, electricity & gas if at property) must be on a minimum of **48 hours** prior to a scheduled inspection.
- ✓ If the inspection fails, you are responsible to reschedule a **reinspection** within **10 days**, to avoid disruption of utilities.
- ✓ If inspection fails & is not rescheduled there will be another **fee** & the water will be **disconnected** & will not be turned back on until payment & inspection rescheduled.

I hereby certify by my signature below that I have read and examined this application and know the same to be true and correct and that I understand the requirements stated above and agree to the same.

Property Owner or Management Signature

Date Signed

OFFICE USE ONLY:

Notes:

2. PROPERTY OWNER INFORMATION

Property Owner Name:

Property Owner Mailing Address:

City, State, Zip Code:

Property Owner Phone Number(s):

Property Owner Email:

NOTICE: ✓ **Incomplete applications will not be accepted.**
 ✓ **We enforce the 2018 I-Codes and 2018 NEC**
 ✓ **Permit applications available @ WWW.littleelm.org**
 ✓ **Online Inspections available @ www.MYGOV.us.**

EMAIL OR DELIVER TO:
 Building Safety Division
 Town of Little Elm
 100 W. Eldorado Pkwy
 Little Elm, TX 75068
Permits@littleelm.org

(214) 975-0456 Voice
 (972) 377-5544 Fax
www.littleelm.org