



# CITY OF AUSTIN Development SERVICES DEPARTMENT

Commercial Plan Review – One Texas Center  
505 Barton Springs Road, Austin, TX 78704; (512) 978-4000

## Commercial Building Application

FOR OFFICE USE ONLY

Application Date: \_\_\_\_\_

PR #: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Comments Due: \_\_\_\_\_

C.O. Permit #: \_\_\_\_\_ Application Expiration Date: \_\_\_\_\_

**To complete this form electronically: Open with Internet Explorer, then [Click Here to Save and continue.](#)**

Former Land Fill Site: <input type="checkbox"/> Yes <input type="checkbox"/> No		Flood Plain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Green Building Standards Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Compliance Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		Historic Landmark or Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address: _____			Suite #: _____		
_____			Building #: _____		
Residents of 5 or more currently occupied residential units will be displaced*: <input type="checkbox"/> Yes** <input type="checkbox"/> No If Yes, number: _____ <small>*Defined LDC 25-1-701 **If 5 or more, tenant notification may be required and a certified form may be required with your application (LDC 25-1-712)</small>		Total New/Added Building Area > 5,000 Sq Ft: <input type="checkbox"/> Yes** <input type="checkbox"/> No <small>**Construction material recycling is required (LDC 25-11-39)</small>	Onsite Sewage: <input type="checkbox"/> Yes** <input type="checkbox"/> No <small>**Submit approved onsite sewage document</small>	Auxiliary Water Source: <input type="checkbox"/> Yes** <input type="checkbox"/> No <small>**Submit approved auxiliary and potable plumbing plans</small>	
Approved Site Plan #: _____		Site Plan Expiration Date: _____			
Approved Site Development Exemption #: _____		D.A.C. Approval Date: _____			
Current Use: _____		Proposed Use: _____			
Project Name: _____					
Description of Work: _____					
_____					
# of Stove Hoods: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing	# of Walk-In Freezers: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing	# of Walk-In Coolers: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing	Asbestos Being Disturbed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bldg Sq Ft (see note 1 below) – New: _____ Remodel: _____		# of Bldg Floors: _____	# of Units: _____		
Hazardous Waste Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing Underground Storage Tanks: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None / <input type="checkbox"/> Existing <input type="checkbox"/> New / <input type="checkbox"/> 13R <input type="checkbox"/> 13D		Fire Alarm System: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None / <input type="checkbox"/> Existing <input type="checkbox"/> New			
Total Project Sq Ft: _____	Type Construction: _____	Occupancy Group: _____		C.O. Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>REQUIRED INSPECTIONS</b>					
<input type="checkbox"/> Bldg <input type="checkbox"/> Elec <input type="checkbox"/> Mech <input type="checkbox"/> Plmb <input type="checkbox"/> Sidewalk <input type="checkbox"/> Driveway <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Fire <input type="checkbox"/> Hlth <input type="checkbox"/> Engy <input type="checkbox"/> PV (solar) <input type="checkbox"/> Landscape <input type="checkbox"/> Environ <input type="checkbox"/> Medical Gas <input type="checkbox"/> OSSF					
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Property Owner: _____ Property Owner Phone: _____ Gen. Contractor: _____ Gen. Contractor Phone: _____			<b>FEE INFORMATION (labor + materials)</b>		
			Plan Review Fee (required w/submittal): _____		
			<b>TYPE</b>	<b>EST. COST NEW</b>	<b>EST. COST REMODEL</b>
			Bldg	_____	_____
			Elec	_____	_____
			Mech	_____	_____
Plmb	_____	_____			
Med Gas	_____	_____			
<b>TOTAL</b>	_____	_____			
I understand that in accordance with the City of Austin Land Development Code, non-compliance with the Land Development Code may be cause for the Building Official to suspend or revoke a permit and/or license. Signature (Permittee or Authorized Agent): _____ Phone: _____ Printed Name: _____ Email: _____					

1. Building Sq. Ft. (Floor Area): The area included within the surrounding exterior walls of a building or portion thereof exclusive of courts. The floor area of a building, or portion thereof, not provided with surrounding exterior walls shall be the usable area under the horizontal projection of the roof or floor above.

# Commercial Building Application Checklist

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_



**Plan Weight Restrictions:** Plans exceeding 50 pounds will not be accepted. If necessary, plans must be separated into multiple sets and by discipline. For projects where one discipline weighs more than 50 pounds, please separate plans accordingly to bring the weight under the 50 pound threshold. Plan sets exceeding 50 pounds will be turned away at Intake or rejected. The applicant will be required to separate the plans sets at their own expense.

<b>To Be Completed by Applicant</b> <i>Please verify required items per the Submittal Information Sheets</i>	PR#: _____ <b>For Office Use Only</b> Are plans complete? Circle & Initial				
<b>Required Items</b>	<u>YES</u>	<u>N/A</u>	<u>INTAKE</u>	<u>CYC 1</u>	<u>CYC 2</u>
1. Commercial Application filled out completely for each building	___	___	N ___	N ___	N ___
2. An additional detached copy of all 8-1/2 x 11 documents for each item marked with an asterisk (*) below and any project-related documents (e.g. meeting minutes, AMOC forms, etc.)	___	___	N ___	N ___	N ___
3. Site Plan:					
a. Approved red-stamped site plan —OR—	___	___	N ___	N ___	N ___
b. Approved Site Plan Exemption Request Form with plot plans —OR—	___	___	N ___	N ___	N ___
c. Concurrent letter and copies of submitted site plan (the same plan that is submitted to Site Plan for review)	___	___	N ___	N ___	N ___
4. Complete Architectural Plans, including key floor plan	___	___	N ___	N ___	N ___
5. *Statement of Special Inspections*	___	___	N ___	N ___	N ___
6. Revisions Only: Original approved-stamped plans (archive set – requested from DAC) and scope-of-work narrative	___	___	N ___	N ___	N ___
<b>Prerequisite Reviews, As Applicable</b>					
7. Approved Health Department letter with stamped plans	___	___	N ___	N ___	N ___
8. Approved WWW Industrial Waste letter with stamped plans	___	___	N ___	N ___	N ___
9. Texas Accessibility Standards (TAS) registration confirmation (exempt: residential projects, multi-family projects, and commercial projects less than \$50,000)	___	___	N ___	N ___	N ___
10. *If electrical services are provided by Austin Energy, provide Electrical Services Planning Application (ESPA) form signed by the Austin Energy Utility Official for all projects requiring new services or changes to the existing service*	___	___	N ___	N ___	N ___
11. Texas Department of Health (TDH) Demolition/Renovation Form or Asbestos letter	___	___	N ___	N ___	N ___
12. *Austin Energy Green Building Program (AEGBP) letter of conditional approval*	___	___	N ___	N ___	N ___
13. Historic Landmark Commission letter of approval with one (1) set of approved architectural plans	___	___	N ___	N ___	N ___
<b>Continued on next page &gt;&gt;&gt;</b>					

	<u>YES</u>	<u>N/A</u>	<u>INTAKE</u>	<u>CYC 1</u>	<u>CYC 2</u>
<b>Discipline-Specific Items, As Applicable</b>					
14. Complete Structural Plans – deferred submittals shall be listed on the construction documents	___	___	N ___	N ___	N ___
15. Complete Mechanical Plans including HVAC, stovehoods, walk-in coolers/freezers, etc.	___	___	N ___	N ___	N ___
16. Complete Electrical Plans including riser diagrams, panelboard schedule, conductor sizes, etc.	___	___	N ___	N ___	N ___
17. Complete Plumbing/Med Gas Plans and, if applicable, Auxiliary Water plans approved by Austin Water	___	___	N ___	N ___	N ___
18. *Complete Energy Documentation*	___	___	N ___	N ___	N ___
a. *Lighting Envelope, and/or Mechanical ComChecks signed, dated, and sealed. Provide two (2) narratives describing how the project intends to comply with Section C406 of the 2015 IECC*	___	___	N ___	N ___	N ___
b. Commissioning form 2015 IECC section C408	___	___	N ___	N ___	N ___
c. HVAC sizing calculations	___	___	N ___	N ___	N ___
19. Complete Subchapter E Documentation including facade glazing calculations, building design calculation worksheet, and exterior lighting manufacturer specifications	___	___	N ___	N ___	N ___
20. Complete Storage Rack Documentation, if applicable. Design drawings shall be sealed by a Texas Registered Engineer and shall include rack height, layout, anchorage, etc.	___	___	N ___	N ___	N ___

I acknowledge that all submittal items listed above are included if required for my project. I am aware that if it is determined that **any required item is not included** in this submittal, **I will be subject** to an **ADDITIONAL UPDATE FEE**. I agree that this building plan review application will expire one year after the date that the application is filed.

***You are strongly encouraged to check with the Plan Reviewers if you are unsure of what is required.***

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Commercial Building Application – For Office Use Only

Review Section	Cycle 1			Cycle 2			Cycle 3			Cycle 4		
	A/R	Date	Sign									
Building												
Design Standards												
Special Inspections												
Structural Review												
Mechanical												
# Stove Hoods												
# Freezers												
# Walk-In Coolers												
Electric												
Austin Energy												
Plumbing												
Medical Gas												
Energy												
Site Plan												

**NOTES:**