

COMMERCIAL APPLICATION CHECKLIST

Job Address _____ Date Submitted _____ PR# _____

TO BE COMPLETED BY APPLICANT (Please verify required items per the Submittal Information Sheets):

**FOR OFFICE USE ONLY
ARE PLANS COMPLETE?
(REVIEWER MUST CIRCLE & INITIAL)**

	YES	N/A	ORG	SUBD	UPDATE 1	UPDATE 2
1. Commercial Application filled out completely for each building	___	___	Y	N	___	___
2. Structural plans or structural verification, sealed by Engineer if required (MUST submit STATEMENT OF SPECIAL INSPECTIONS form signed and stamped by Design Professional. Required as of Jan. 1, 2015)	___	___	Y	N	___	___
3. Complete Architectural Plans, including key floor plan	___	___	Y	N	___	___
4. Historic Landmark Commission letter of approval w/1 set of approved architectural plans	___	___	Y	N	___	___
5. Building Design Calculation Worksheet (If Green Building Options are required, Submit GBP Conditional Approval letter signed & sealed by project architect & attached to each set of Plans with Building Plan application)	___	___	Y	N	___	___
6. Complete Mechanical Plans:						
a. HVAC	___	___	Y	N	___	___
b. Stove hood(s)	___	___	Y	N	___	___
c. Walk-in cooler(s) / freezer(s)	___	___	Y	N	___	___
7. Complete Plumbing Plans/Med Gas Plans and if applicable, Auxiliary Water plans approved by Austin Water	___	___	Y	N	___	___
8. Complete Electrical Plans	___	___	Y	N	___	___
9. Energy Calcs: Lighting, Envelope and/or Mechanical (Comcheck-EZ) Effective 9/16/2013: Provide 2 narratives describing how the project intends to comply w/Sec. C406 of the 2012 IECC.	___	___	Y	N	___	___
10. Approved Health Department plans w/letter with stamped plans	___	___	Y	N	___	___
11. Approved WWW Industrial Waste letter w/stamped plans	___	___	Y	N	___	___
12. Approved red-stamped Site Plan OR an approved Site Development Exemption w/plot plans	___	___	Y	N	___	___
13. Concurrent letter and copies of the submitted site plan (the same plan that is submitted to Site Plan for review)	___	___	Y	N	___	___
14. Electric Service Planning Application form signed by the Austin Energy Utility Official	___	___	Y	N	___	___
15. Original stamped approved plans (<i>for Revisions only</i>)	___	___	Y	N	___	___
16. Texas Accessibility Standards (TAS) required (residential projects, multi-family projects, and commercial projects less than \$50,000 are exempted)	___	___	Y	N	___	___
17. Texas Department of Health (TDH) Demolition/Renovation Notification Form or Asbestos letter (see submittal requirements)	___	___	Y	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 may be subject to an **ADDITIONAL UPDATE FEE**. I agree that this building plan review application will expire on the 181st day 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:** _____