

# COMMERCIAL FACILITY/BUSINESS INSPECTION REPORT

DATE: \_\_\_\_\_

PERMIT # \_\_\_\_\_

FEE \$100.00

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

Name of Business: \_\_\_\_\_

Owner/Tenant: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Prior/Existing use of building: \_\_\_\_\_

Proposed use of building: \_\_\_\_\_

\_\_\_\_ Office Space    \_\_\_\_ Church    \_\_\_\_ Restaurant    \_\_\_\_ Day Care    \_\_\_\_ Other

## PERMITS NEEDED:

\_\_\_\_ Building Permit    \_\_\_\_ Electrical Permit    \_\_\_\_ Plumbing Permit    \_\_\_\_ Mechanical Permit    \_\_\_\_ Health Permit

Required:  Site  Floor Plan Required

Plans Attached: \_\_\_\_ yes    \_\_\_\_ no

### BUILDING PERMIT REQUIREMENTS

- \_\_\_\_ NEED SITE PLAN
- \_\_\_\_ NEED FLOOR PLAN
- \_\_\_\_ REPAIR/REPLACE EXTERIOR WALLS
- \_\_\_\_ PAINT EXTERIOR WALLS
- \_\_\_\_ REPAIR/REPLACE ROOF SHINGLES
- \_\_\_\_ REPAIR ROOF
- \_\_\_\_ REPAIR/REPLACE INTERIOR WALLS
- \_\_\_\_ REPAIR/REPLACE WALLS COVERING
- \_\_\_\_ REPAIR/REPLACE KITCHEN CABINETS
- \_\_\_\_ REPAIR/REPLACE CEILINGS
- \_\_\_\_ REPAIR/REPLACE WINDOWS AND WINDOW GLASS
- \_\_\_\_ REPAIR/REPLACE DOORS AND DOOR GLASS
- \_\_\_\_ BUILD ADDRESS FRONT AND REAR
- \_\_\_\_ PARKING SPACES \_\_\_\_\_
- \_\_\_\_ LANDSCAPING NEEDED

### PLUMBING PERMIT REQUIREMENTS

- \_\_\_\_ NEW/REPLACE WATERLINES
- \_\_\_\_ NEW/REPLACE SEWER LINES
- \_\_\_\_ REPLACE/INSTALL PLUMBING FIXTURES
- \_\_\_\_ INSTALL BACKFLOW PREVENTER
- \_\_\_\_ NEW SEWER TAP
- \_\_\_\_ GREASE TRAP INSTALLATION
- \_\_\_\_ SAMPLING PORT

### ELECTRICAL PERMIT REQUIREMENTS

- \_\_\_\_ NEW SERVICE
- \_\_\_\_ NEW WIRING, PANEL BOX
- \_\_\_\_ REPLACE OUTLETS LIGHTS OR FANS
- \_\_\_\_ ADDRESS ON ELECTRICAL METER
- \_\_\_\_ WALL PLATES

### MECHANICAL PERMIT REQUIREMENTS

- \_\_\_\_ DUCT WORK
- \_\_\_\_ VENT COVERS
  
- \_\_\_\_ DISCONNECT
- \_\_\_\_ VENT HOOD SYSTEM

ALL WORK SHALL BE PERFORMED BY LICENSED & BONDED CONTRACTORS AND ALL WORK SHALL BE INSTALLED AS PER CODES ADOPTED BY THE CITY OF EDINBURG

FIRE DEPARTMENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

PLANNING AND ZONING APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING INSPECTOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH DEPARTMENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

OK TO RELEASE POWER    \_\_\_\_ YES    \_\_\_\_ NO  
TEMPORARY OCCUPANCY ONLY    \_\_\_\_ YES    \_\_\_\_ NO  
CERTIFICATE OF OCCUPANCY    \_\_\_\_ YES    \_\_\_\_ NO

ESI NUMBER: \_\_\_\_\_ MVE ACCOUNT: \_\_\_\_\_

HAS BEEN RELEASED TO POWER COMPANY: \_\_\_\_ YES \_\_\_\_ NO / DATE RELEASED: \_\_\_\_\_