

CITY OF PFLUGERVILLE  
 201-B EAST PECAN ST.  
 PHONE: (512) 990-6300  
 FAX: (512) 990-4374



BUILDING INSPECTIONS  
 PO BOX 589 / 78691  
 PFLUGERVILLE, TEXAS 78660

**APPLICATION FOR  
 COMMERCIAL REMODEL / ADDITION / FINISH OUT BUILDING PERMIT**

PERMIT NO. \_\_\_\_\_

APPLICANT:		EMAIL:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONTRACTOR:		EMAIL:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

**CONSTRUCTION LOCATION**

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SECTION: \_\_\_\_\_ PHASE: \_\_\_\_\_ ZONED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

BUSINESS CENTER NAME: \_\_\_\_\_

**For all nonresidential new construction and remodel projects, the construction documents shall be prepared by a Design Professional Registered with the State of Texas.**

TYPE OF PERMIT: REMODEL \_\_\_\_\_ ADDITION \_\_\_\_\_ FINISH OUT \_\_\_\_\_ EST. COST OF CONSTRUCTION: \_\_\_\_\_

EXISTING SQUARE FOOTAGE: \_\_\_\_\_ NEW SQUARE FOOTAGE: \_\_\_\_\_ TOTAL SQUARE FOOTAGE: \_\_\_\_\_

BUSINESS NAME PROPOSED: \_\_\_\_\_

BUSINESS TYPE PROPOSED: \_\_\_\_\_

**SUBCONTRACTORS**

COMPANY NAME	PHONE NUMBER	LICENSEHOLDER NAME	LICENSE NO.
<i><u>MECHANICAL</u></i>			
<i><u>ELECTRICAL</u></i>			
<i><u>PLUMBING</u></i>			

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
*FOR CITY USE ONLY*