



Bureau Veritas Contact Information (Fort Worth)

Permit Submittal

The permit documents and fees will be submitted to the city. Submittal documents should be complete to expedite plan review and permit issuance. Please contact the city for a complete list of permit submittal requirements.

Plan Review

Bureau Veritas will be conducting residential and commercial plan reviews. The applicant will be contacted by Bureau Veritas if revisions are needed. You may contact Bureau Veritas' Fort Worth Plan Review Department for the status of your permit at (817) 335-8111 / toll free (877) 837-8775.

Inspection Requests

Please contact Bureau Veritas to request inspection(s). Any of our permit technicians can assist you. Inspections requested by 5:00 pm Monday – Friday will be performed the next business day. Inspection requests can also be emailed to the Bureau Veritas office.

Email Inspection requests to: inspectionstx@bureauveritas.com Inspection

Request line: (817) 335-8111 OR Toll Free: (877) 837-8775

Field Inspections

Inspectors assigned to your area can be contacted via cell phone. Please call the Bureau Veritas office at (817) 335-8111 / toll free (877) 837-8775 for your inspector's name and number.

We look forward to working with you to ensure that the community is provided with a safe and durable built environment.



New/Remodel Commercial Plan Review Checklist

Project Address: _____ Project Name: _____

Permit Application with an original signature must be complete and submitted with the following information:

- _____ **(1) Site Plans to include:**
 - _____ Legal Description (lot, block, subdivision)
 - _____ Property lines and lot dimensions
 - _____ Proposed structure and all existing buildings
 - _____ All easements
 - _____ North arrow and scale
 - _____ Existing and proposed location of utility poles, pad mounted transformers

- _____ **(1) Parking lot layout plans**

- _____ **(1) Grading plans**

- _____ **(1) Commercial Energy Code Compliance**
To include Lighting Compliance, Mechanical Compliance and Building Envelope, if applicable.

- _____ **(12) Sets of plans** to include floor plan, exterior elevations, roof design, Foundation plan, MEP design, construction details, window/door schedule.

- _____ **Fire lane location and construction plans and details, Fire suppression system plans and documents, Fire alarm system plans.**

- _____ **Driveway approaches and drainage culverts** -- Engineered plans
(Driveways accessing State Highways require TXDOT permit)

Plans shall be submitted electronically (PDF) and must be readable.



Phone: 936-628-3305
Fax: 936-628-6491
Email: permits@shepherdtx.org

16 N. Liberty
Shepherd TX 77371

Project Address: _____

Project Name: _____ Permit Number: _____

Texas Accessibility Standards (TAS)

On application to a local governmental entity for a building construction permit related to the plans and specifications, the owner shall submit to the entity proof that the plans and specifications have been submitted to the Texas Department of Licensing and Regulation (TDLR). Article 9102, Section 5(k) - Senate Bill 959.

I hereby certify that I comply with the requirements of Article 9102, Section 5(k) and have submitted plans and specifications for Texas Accessibility Standards (TAS) review to the TDLR as required or this project is exempt.

Signature of Owner or Authorized Agent

Date

TDLR Project Number _____ (may be obtained at <http://www.license.state.tx.us>)

or reason for exemption: _____

Asbestos Survey Texas Department of Health

Asbestos Program Home Page -- <http://www.dshs.state.tx.us/asbestos/default.shtm>

Asbestos Regulatory Information -- (800) 572-5548 or (512) 834-6787

Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP)? - Yes No*

Date of Survey _____ TDH Inspector License No. _____

* If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of ?????.



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City of Shepherd

CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

<input type="checkbox"/> ELECTRICAL CONTRACTOR	<input type="checkbox"/> MECHANICAL (HVAC)
<input type="checkbox"/> MASTER ELECTRICIAN	
<input type="checkbox"/> JOURNEYMAN ELECTRICIAN	<input type="checkbox"/> IRRIGATOR (LANDSCAPE)
<input type="checkbox"/> MASTER SIGN ELECTRICIAN	<input type="checkbox"/> BACKFLOW <i>(special form required)</i>
<input type="checkbox"/> MASTER PLUMBER	<input type="checkbox"/> OTHER
<input type="checkbox"/> JOURNEYMAN PLUMBER	

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____ PHONE: _____

ADDRESS (MAILING): _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE

For City use only



City of Shepherd
16 N. Liberty
Shepherd, TX 77371

permits@shepherdtx.org
936-628-3305

Commercial Permit Application

Building Permit Number: _____		Valuation: _____	
Project Name: _____		Zoning: _____	
Project Address: _____		Square Foot: _____	
Project Description:	New <input type="checkbox"/>	Addition <input type="checkbox"/>	Remodel <input type="checkbox"/>
Sign <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Electrical <input type="checkbox"/>
			Finishout <input type="checkbox"/>
			Other <input type="checkbox"/>
Scope of Work:			
THIS PROPERTY IS IN A FLOODPLAIN: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide Flood Plain Certificate to the City</i>			
DOES THIS BUILDING HAVE A FIRE SPRINKLER? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Owner Information: _____		
Name: _____	Project Contact Person: _____	
Address: _____		
Phone Number: _____	Cell Number: _____	Email: _____

Engineer	Contact Person	Phone #:	Email
Architect	Contact Person	Phone #:	Email
General Contractor	Contact Person	Phone #:	Contractor License Number <input type="checkbox"/>
 	 	Email:	
Mechanical Contractor	Contact Person	Phone #:	Contractor License Number <input type="checkbox"/>
 	 	Email:	
Electrical Contractor	Contact Person	Phone #:	Contractor License Number <input type="checkbox"/>
 	 	Email:	
Plumbing Contractor	Contact Person	Phone #:	Contractor License Number <input type="checkbox"/>
 	 	Email:	
TPO Energy Provider	Contact Person	Phone #:	Contractor License Number <input type="checkbox"/>
 	 	Email:	

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

A certificate of occupancy must be issued before any building is occupied.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY: Approvals are required from all departments prior to issuance of permit

Plan Review	Fire
Public Works	Planning

Building Permit Fee: _____
Plan Review Fee: _____
Water Tap Fee: _____
Sewer Tap Fee: _____

Meter Deposit Fee: _____
Admin Fee: _____

Total Fees: _____
Receipt #: _____
Issued Date: _____
Issued By: _____
BV Project #: _____



**BUREAU
VERITAS**

Commercial Inspection Request

For Questions: 817-335-8111 / toll free 877-837-8775

Inspection requests can be emailed to: inspectionstx@bureauveritas.com

REQUESTS MUST BE RECEIVED BY 5:00 P.M. FOR NEXT DAY INSPECTION

Today's Date _____ Company _____

Project Address _____ Requestor's Name _____

City _____ Requestor's Phone _____

Project _____ Requestor's Email _____

Building Permit # _____ **Date Needed** _____

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Pier | <input type="checkbox"/> Framing | <input type="checkbox"/> Wall Ties |
| <input type="checkbox"/> Grade Beam | <input type="checkbox"/> Energy Insulation | <input type="checkbox"/> Building Final |
| <input type="checkbox"/> Slab | <input type="checkbox"/> Drywall | |

Comments _____

Mechanical Permit # _____ **Date Needed** _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Underground Mechanical | <input type="checkbox"/> Ceiling Mechanical | <input type="checkbox"/> Duct Rough |
| <input type="checkbox"/> Mechanical Rough | <input type="checkbox"/> Duct Insulation | <input type="checkbox"/> Mechanical Final |

Comments _____

Electrical Permit # _____ **Date Needed** _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Underground Electrical | <input type="checkbox"/> Ceiling Electrical | <input type="checkbox"/> Electrical Final |
| <input type="checkbox"/> Electrical Rough | <input type="checkbox"/> Electric Meter Release | |

Comments _____

Plumbing Permit # _____ **Date Needed** _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Plumbing Rough | <input type="checkbox"/> Gas Wrap/Underground | <input type="checkbox"/> Plumbing Top-Out |
| <input type="checkbox"/> Water Service | <input type="checkbox"/> Gas Rough | <input type="checkbox"/> Plumbing Final |
| <input type="checkbox"/> Yard Sewer | <input type="checkbox"/> Gas Final/Release | |

Comments _____



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Commercial Certificate of Occupancy Application

Project Information		Permit # _____
		Sq. Ft. _____
INTENDED USE OF SPACE: _____		
Total Occupancy of Building: _____		Zoning District: _____

Tenant Information		
Company Name: _____	Contact Person: _____	
Street Address: _____		
Phone Number: _____	Email: _____	Cell Number: _____
Owner Information		
Company Name: _____	Contact Person: _____	
Street Address: _____		
Phone Number: _____	Email: _____	Cell Number: _____

Does your business involve the storage, sale or use of the following: (Check all that apply)

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Painting with flammables | <input type="checkbox"/> Dry Cleaning Solvents | <input type="checkbox"/> Flammable/combustible liquids (10 gallons or more) | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Combustible Fibers | <input type="checkbox"/> Dust producing process | <input type="checkbox"/> Floor drains in building | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Cellulose Nitrate Film | <input type="checkbox"/> Explosives/Ammunition | <input type="checkbox"/> Food and/or beverage processing, storage or sales | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Compressed Gas | <input type="checkbox"/> Recycling Waste | <input type="checkbox"/> Food products | |
| <input type="checkbox"/> Liquid Propane Gas | <input type="checkbox"/> Magnesium | <input type="checkbox"/> High piled stock (over 12' in height) | |
| <input type="checkbox"/> Vehicle Repair Garage | <input type="checkbox"/> Vehicles in Building | <input type="checkbox"/> Poisonous or hazardous chemicals/acids | |
| <input type="checkbox"/> Welding or Cutting | <input type="checkbox"/> Woodworking | <input type="checkbox"/> X-ray Development | |

****Provide chemical data sheets to the Building Inspection Department listing the maximum quantity of all hazardous materials.****

List any material discharged into the drainage system, ground, or atmosphere: _____

It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ **Date:** _____

For City Use Only			
	Approved By	Date	Comments
Building Department			
Public Works Department			
Fire Department			
Engineering Dept.			
Health Permit:			

Issued By: _____ Date Issued: _____
 BV Project #: _____