



## 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](mailto: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](mailto: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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Shepherd TX 77371

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

### 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: _____

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

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

<b>Tenant Information</b>		
<b>Company Name:</b> _____	<b>Contact Person:</b> _____	
<b>Street Address:</b> _____		
<b>Phone Number:</b> _____	<b>Email:</b> _____	<b>Cell Number:</b> _____
<b>Owner Information</b>		
<b>Company Name:</b> _____	<b>Contact Person:</b> _____	
<b>Street Address:</b> _____		
<b>Phone Number:</b> _____	<b>Email:</b> _____	<b>Cell Number:</b> _____

**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			
	<i>Approved By</i>	<i>Date</i>	<i>Comments</i>
Building Department			
Public Works Department			
Fire Department			
Engineering Dept.			
Health Permit:			

Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 BV Project #: \_\_\_\_\_