



## COMMERCIAL REMODEL PACKET

Town of Fairview

372 Town Place

Fairview Texas 75069

Phone: 972.886.4209

Fax: 972.548.0268

Inspection Line: 972.886.4250

[inspections@fairviewtexas.org](mailto:inspections@fairviewtexas.org)

[permits@fairviewtexas.org](mailto:permits@fairviewtexas.org)



## Asbestos Compliance Statement

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Pursuant to Senate Bill 509 of the 77th Legislature of the State of Texas, I hereby certify that the above referenced building is in compliance with all aspects of the National Emissions Standards for Hazardous Air Pollutants and the Texas Asbestos Health Protection Act.

Printed Name of Architect/Engineer \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Registration No. of Architect/Engineer \_\_\_\_\_

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_

State of Texas, County of \_\_\_\_\_ This instrument was acknowledged before me on \_\_\_\_\_ (Date) by \_\_\_\_\_ (Name or Names of persons acknowledging).

Notary Public's Signature



# TOWN OF FAIRVIEW COMMERCIAL BUILDING PERMIT APPLICATION

Project Address \_\_\_\_\_ Lot/Block \_\_\_\_\_

Property Owner (Name, Address, Phone, & Email) \_\_\_\_\_

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

General Contractor Address: \_\_\_\_\_

Business / Tenant Name: \_\_\_\_\_

Trash Hauler Contractor: \_\_\_\_\_ Anything over \$10,000 requires a listed trash hauler on your permit  
*WHEREAS the Town, therefore, desires to grant to Republic Services the right to operate as the sole provider for Town-provided services of collection, transportation, and disposal of residential, commercial, and industrial (both permanent and temporary) Garbage and Trash, Construction and Demolition Debris, and Recycling, subject to the terms of this Contract. Additional questions, service requests and concerns, should be directed to the Republic Services at 972-422-2341 or via their website at [RepublicServices.com/Customer-Support](https://www.republicservices.com/customer-support).*

## COMMERCIAL WORK BEING DONE:

- ☐ New Construction ☐ Addition ☐ Remodel ☐ Multifamily  
☐ Detached Accessory Structure ☐ Commercial Demo ☐ New Construction (Shell) ☐ New Construction/Finish Out  
☐ Other \_\_\_\_\_

Scope of work: \_\_\_\_\_

Valuation of work \$: \_\_\_\_\_

Square Footage \_\_\_\_\_ in/ft (Total under roof)

Subject property is \_\_\_\_\_ or is not \_\_\_\_\_ within the flood hazard area. Required lowest floor elevation is \_\_\_\_\_.

Business/Tenant Name: \_\_\_\_\_

Electric Provider: \_\_\_\_\_ Gas Provider: \_\_\_\_\_

**Note: Please allow 7-10 business days for processing**

NOTICE TO APPLICANT: This permit is issued based on information furnished in this application and on any submitted plans and is subject to the provisions and requirements of the Town of Fairview Code of Ordinances and any other applicable ordinance. This permit is used only for the purpose of allowing construction of a building or structure conforming to the codes and ordinances of the Town, regardless of information and/or plans submitted. The permit holder is required to use only subcontractors registered with the Town of Fairview, where such a requirement is applicable. Separate permits must be obtained by all subcontractors.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TOWN APPROVED \_\_\_\_\_ PLAN REVIEW DATE \_\_\_\_\_

PICKUP SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TOWN OF FAIRVIEW, 372 TOWN PLACE, FAIRVIEW, TEXAS 75069, 972-562-0522

**ALL PERMITS MUST BE SUBMITTED TO: [permits@fairviewtexas.org](mailto:permits@fairviewtexas.org)**



**Contractor Registration Application**  
**(Select Only One Type Per Application)**

**Contractor Type:**

☐ General Contractor

**If renewal check here:** ☐

☐ Swimming Pool

**Cost for these contractors:**

☐ Fence

**\$50.00 New**

☐ Irrigation

**\$25.00 Renewal**

☐ Sign

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**Contractor Type:**

☐ Plumbing

☐ Fire Alarm

**There is no charge for these contractor types**

☐ Fire Sprinkler (Suppression)

**Expiration based on License/Certificate expiration date**

☐ Mechanical

**If renewal check here:** ☐

☐ Backflow/Septic

☐ Electrical

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**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **@** \_\_\_\_\_

**Master/CEO Responsible for Supervision:** \_\_\_\_\_

**License/Certificate #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

I understand and agree that the above named shall be responsible for continuous supervision of all installation of all installations and repairs performed in the Town of Fairview under the above-named contractor and should such Master Licensee no longer be employed, no further work shall be performed until registration has been provided to the Building Inspections Department naming a new Master License holder. I will request all necessary inspections by the Town of Fairview to ensure compliance with all city regulations applicable for the proposed work.

**Contractor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\*\*Include a copy of your driver's license, master's license and/or certificate AND liability COI with the Town of Fairview identified as the Insured for processing**

**\*\*\*\*\* Email information to: [permits@fairviewtexas.org](mailto:permits@fairviewtexas.org)**

**Information not received thru [permits@fairviewtexas.org](mailto:permits@fairviewtexas.org) will not be processed.**



## Inspection Request

Inspection hours are from 8:00am-4:00 pm Monday – Friday. To request your inspection please call the Inspection Request line at 972-886-4250 or at [inspections@fairviewtexas.org](mailto:inspections@fairviewtexas.org) before 4:00 PM to receive your inspection the next business day. If you call in your inspection on Saturday or Sunday you will not receive your inspection until Tuesday.

Please provide:

1. Your name
2. The address where work is to be inspected. Suite Numbers. Lock Box code and instructions to the inspector if needed for entry. Example: "Access hatch is in electrical room on north side of building" or "Homeowner will meet you between 11am and 1pm"
3. Call back telephone number/ onsite contact if required.
4. Permit number
5. Type of inspection
6. Time you are requesting the inspection to take place.
7. If you are requesting an RVI inspection, please have all photos uploaded to your permit prior to calling for RVI inspection.

Please note: When calling for inspections, the inspection will be scheduled for the next business day. If you need same day inspection, we must receive it by 8:00am or it will be assigned the next business day.

Emergency Inspections may be called in at anytime and will incur a \$75.00 inspection fee and must be paid prior to inspection. Emergency inspections on weekends will incur a \$150 inspection fee and you must call 469.628.4913. Please leave detailed voice mail and return contact number.



## Photo/Video Inspection Certification

I hereby swear and affirm that the photos and/or videos which I have submitted for review in conjunction with the Permit listed below is a true and accurate documentation of the work performed.

I acknowledge that by submitting inaccurate or incorrect information, photos or videos, I am falsifying official government documents of the Town of Fairview and may be prosecuted to the fullest extent of the law, which may include fines and citations from the Town of Fairview and further action from the State of Texas. I also understand that the Town of Fairview may not accept these photos and/or videos as sufficient and may require an onsite visit or more photo/video documentation.

\*This must be signed and on file prior to scheduling this inspection.

PERMIT NUMBER: \_\_\_\_\_ DATE: \_\_ \_\_ \_\_ \_\_

ADDRESS OF WORK PREFORMED: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

PRINT NAME OF (CONTRACTOR/RMP): \_\_\_\_\_

LICENSE NUMBER OF (CONTRACTOR/ RMP): \_\_\_\_\_

SIGNATURE OF (CONTRACTOR/ RMP): \_\_\_\_\_