



COMMERCIAL

DEVELOPMENT SERVICES DEPARTMENT
BUILDING PERMITS & INSPECTIONS DIVISION

IBC Code
Datasheet
Application

Case #

(Not to be filled out by applicant, assigned by BP & I)

1. PID # (Central Appraisal Tax Identification Number)

2. Address Space
Zoning Section of Planning, if Address has not been Designated, 541-4931

3. Legal Description:
Subdivision/Survey
Lot Block
Verify Flood Zone in Subdivision Plan Review, 5th Floor, City Hall, 915-541-4823

4. Architect/Contractor Phone
Owner Phone

5. Scope of Work
New Addition Remodel T.I.
6. Zone: If SP or SC then provide Copy of Contract
(Zoning Map and Planning Division)

7. Total Number of Structures Proposed (One Application per Structure)

8. Valuation of Project:
\$

9. Occupancy / Use: (Existing)
Occupancy / Use: (Proposed)
Mixed Occupancy: 1. 2. 3. 4. (IBC Chapter 3)

10. Parking Required: Spaces (Zoning Ordinance 20.64.170, www.elpasotexas.gov)
11. Area Square Footage: (Remodel) S.F. NA
12. New Square Footage: (Heated Area) S.F. NA
13. Gross Square Footage: S.F. (New & Existing)
14. Construction Type: (IBC Chapter 6)
15. Occupant Load: (IBC Table 1004.1.2)

16. Inches of Egress Required: (IBC Section 1005)

17. Food Service: Health Dept. Yes NO

18. Plans Include Swimming Pool/Spa: Health Dept. Yes NO

19. Allowable Area: (Table 503 IBC)

20. Building Height: (Table 503 IBC)

21. Flood Plain Verified: Yes NO

22. Preliminary Elevation Certificate Attached: Yes NO

23. Required Fire Rated Walls Designated: (Chapter 7 IBC) Yes NO

24. Sprinkled Structure (Chapter 9) Yes NO

25. Fire Alarm: (Chapter 9 IBC) Yes NO

25. Distance from Building to the Nearest two Fire Hydrants: 1 2
(As a Vehicle would Travel)

26. Standpipe: (Chapter 9) Yes NO

27. Structural Design Verified: Yes NO

28. Electronic Submittal Yes NO

29. Grading, Drainage and Storm water PERMITS for this property: Yes NO

If you have them:
GRA -
SWP -

Must Be COMPLETELY Filled Out



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DOCUMENTS \ DRAWINGS INCLUDED

- | | | |
|--|-----------|----------|
| 1. Civil Drawings: | Yes _____ | NO _____ |
| 2. Architectural Drawings: | Yes _____ | NO _____ |
| 3. Plumbing Drawings: | Yes _____ | NO _____ |
| 4. Electrical Drawings: | Yes _____ | NO _____ |
| 5. Mechanical Drawings: | Yes _____ | NO _____ |
| 6. Landscape Drawings: | Yes _____ | NO _____ |
| 7. Irrigation Drawings: | Yes _____ | NO _____ |
| 8. Dark Sky Compliance: | Yes _____ | NO _____ |
| 9. Lighting Energy Code Compliance: | Yes _____ | NO _____ |
| 10. Envelope Energy Code Compliance: | Yes _____ | NO _____ |
| 11. Mechanical Energy Code Compliance: | Yes _____ | NO _____ |
| 12. Door Schedule: | Yes _____ | NO _____ |
| 13. Window Schedule: | Yes _____ | NO _____ |
| 14. Plumbing Schedule: | Yes _____ | NO _____ |
| 15. Asbestos Report: | Yes _____ | NO _____ |
| 16. Storm Water Pollution Prevention Plan: | Yes _____ | NO _____ |

TAS COMPLIANCE

- | | | |
|------------------------------------|-----------|----------|
| 1. Doors / Hardware | Yes _____ | NO _____ |
| 2. Access Route (Public) | Yes _____ | NO _____ |
| 3. Space Requirements | Yes _____ | NO _____ |
| 4. Bathrooms | Yes _____ | NO _____ |
| 5. Parking / Van Accessible | Yes _____ | NO _____ |
| 6. Counters | Yes _____ | NO _____ |
| 7. EAB Registration Number # _____ | | |

CPR / PBA PLAN REVIEW: I am requesting an expedited plan review: I understand additional fees will apply

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

- Notice: A. This permit becomes null and void if work or construction authorized is not commenced and inspections called for and obtained within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.
- B. Separate Permits are required for electrical , mechanical and / or plumbing.

AFFIDAVIT:

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 herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating construction or the performance of construction. I also hereby certify that the information on the site plan is true and correct and that all known easements have been properly shown. I also understand that I am required by city ordinance to notify a Texas "one call" system before starting any excavation or digging work.

SIGNATURE OR OWNER (IF OWNER IS CONTRACTOR)

DATE

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

Must Be **COMPLETELY** Filled Out



CUSTOMIZED PLAN REVIEW (CPR)

**Two (2) complete plan sets and an electronic copy of all plan sets will be required.
Applicant will need the following information:**

Requirements for Plan Submission

1. Building Permit Application available at www.elpasotexas.gov.
2. Two (2) complete sets of, Architectural, Electrical, Fire Protection*, Landscaping, Mechanical, Plumbing, Zoning plans, and an electronic copy in a TIF format.
3. One (1) set of civil drawings for distribution to the Land Development and Traffic Departments. **
4. Permit fees Required:
 - a. \$609 for the CPR Application
 - b. \$250 for the Health Department Application, if applicable.
5. Any additional Documentation such as:
 - a. One (1) complete plan set for Health Department review with application and fee payment if project involves any food handling.
 - b. Any Special Permits, Special Contracts or Conditions pertaining to land use as defined in documents on file in the Planning Department.

After Plan Submission

1. Allow two (2) weeks for the plan review process.
2. During this time, track the progress of your plans on Tidemark at www.elpasotexas.gov.
3. Note any plan deficiencies documented on Tidemark by the various Plan Reviewers. Please feel free to contact the various Plan Reviewers if a more detailed explanation of the comments made on Tidemark is required.
4. Gather all information, documentation, revisions, etc. which will be required to address any plan deficiencies at the CPR meeting.
5. Once the plan review process is completed, BP&I will contact you to schedule your CPR meeting at a time convenient to you.

At the CPR Meeting

1. Bring your design team, Architects, Engineers, Contractors, Owners, or anyone else that can make the on the spot corrections, revisions or decisions necessary to addressing all deficiencies on the plans.
2. If all plan deficiencies can be addressed, a grading permit has or can be issued, a Contractor has been hired and is present, and all fees paid, then a Building Permit will be issued at the end of the CPR meeting.
3. If some issues cannot be resolved at the CPR meeting, but can be addressed at a later date, another CPR meeting will not be required. Once the issues addressed, a Building Permit will be issued to your Contractor.
4. Plan review costs are \$147.25 per hour.

* Fire Protection systems plans for fire alarms, fire sprinklers/extinguishment systems, fire hydrants or other fire protection features will require two (2) sets of plans, submitted separately from the Building plan sets. Except for fire hydrants not connected to any fire extinguishment systems, all plan submittals and system installations, must be done by a Fire Protection Company licensed in the State of Texas for such work.

Development Services Department

Victor Q. Torres - Director

2 Civic Center Plaza – 5th Floor · El Paso, Texas 79901 · (915) 541-4622 · Fax (915) 541-4799

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