



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: Heath 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



EXPEDITED FRONT COUNTER PLAN REVIEW

Upon Plans Examiner Discretion

Two (2) complete plan sets and an electronic copy of all plan sets will be required.

Applicant will need the following information:

All applications for building permits for tenant improvements of occupancies that remain in their same occupancy group or that result in a change to occupancy other than those exempted below shall be accepted and reviewed at the commercial front counter.

Exceptions:

1. All Group A (Assembly), Group E (Educational), Group I (Institutional) and Group H (High Hazard) Occupancies
2. Any plans relating to the storage areas or fire protection features of a High Piled Combustible Storage Warehouse (HPCS)
3. Any change of occupancy to that of an A, E, I, H or HPCS Group occupancies
4. Any additions to the building footprint of any group occupancy
5. Any tenant improvement which increases the travel distance to an exit or eliminates exit doors
6. Any tenant improvement plan which in the opinion of the commercial Plans Examiner is of such broad scope or is so complex that a more comprehensive review is necessary.

ADDITIONAL INFORMATION

1. All tenant improvement plans not exempted from this procedure shall be reviewed for Code compliance by the Plans Examiner on duty at the commercial front counter window.
2. Plans for tenant improvements which involved the alteration, remodel or improvement to over 5000 square feet of building area will require professional seals for the work to be done.
3. All plans will be complete when submitted and show the entire scope of work for the project involved.
4. The plans shall be stamped with a unique stamp which indicates that the plans were processed under the guidelines of the Expedited Front Counter Review process. This stamp shall list the required inspections by DSD and EPFD.
5. Plans accepted, reviewed and permitted under this process do not require a Fire Department stamp and signatures by the El Paso Fire Department, Plan Review Section staff as a prerequisite for final fire inspection by Fire Marshals Office Inspectors.

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