

COMMERCIAL APPLICATION CHECKLIST (Incomplete applications/submittals will not be accepted.)



New buildings to be constructed must have a project assignment by Planning and Engineering prior to submitting for any Building Permit. Building Permit approval will not be authorized until the project is 'released' by Planning and Engineering. A Pre-Construction meeting with Building Inspections is required prior to issuance of Building Permit.

<input type="checkbox"/> Log plans in book located in the guest lobby. Applicant must STAMP, SIGN and DATE the first (1 ST) page of the three (3) bound sets of plans submitted for plan review.	
<input type="checkbox"/> Commercial Permit Application COMPLETELY filled out and signed with: <input type="checkbox"/> Project name provided on application <input type="checkbox"/> Business type (specific description) provided on application <input type="checkbox"/> Project address, Subdivision, Lot, and Block provided on application (include Suite #, when applicable) Note: If this is a new project, and address will be assigned during the Plan Review process.	<input type="checkbox"/> Owner/Tenant name, address, city, state, zip code, phone, fax, email address(es) <input type="checkbox"/> Applicant name, address, city, state, zip code, phone, fax, email address(es) <input type="checkbox"/> Architect name, address, city, state, zip code, phone, fax, email address(es)
<input type="checkbox"/> General Contractor and subcontractor(s) are currently registered with: <input type="checkbox"/> Valid Registration Number <input type="checkbox"/> Personal ID# (PIN) to request inspections & view inspection results <input type="checkbox"/> Proof of liability insurance <input type="checkbox"/> Valid driver's license with photograph	<input type="checkbox"/> Plumbing subcontractor registered <input type="checkbox"/> Med / Gas subcontractor registered, as required <input type="checkbox"/> Mechanical subcontractor registered <input type="checkbox"/> Electrical subcontractor registered
<input type="checkbox"/> Total square footage of Project (or Suite) provided on application	<input type="checkbox"/> Total valuation provided on application
<input type="checkbox"/> Asbestos-Free Report – Signed & Sealed by Architect, Engineer or Licensed Inspector, where applicable	
<input type="checkbox"/> Architectural Barrier Registration from the Texas Department of Licensing & Regulation (TDLR#) for all projects valued at \$50,000 or greater provided. www.license.state.tx.us/ab (Federal properties exempt per Rule 68.30)	
<input type="checkbox"/> Mechanical Permit Application is completed	<input type="checkbox"/> Plumbing Permit Application is completed
<input type="checkbox"/> Electrical Permit Application is completed	<input type="checkbox"/> Med / Gas (Plumbing) Permit Application is completed, as required <input type="checkbox"/> Backflow Prevention Information (regardless scope of project)
<input type="checkbox"/> Submittal is compliant with the following code and amendments: <input type="checkbox"/> 2015 International Building Code (IBC) <input type="checkbox"/> 2015 International Mechanical Code (IPC) <input type="checkbox"/> 2015 International Energy Conservation Code (IECC) <input type="checkbox"/> 2015 International Fire Code (IFC)	<input type="checkbox"/> Americans with Disabilities (ADA) Requirements <input type="checkbox"/> Texas Accessibility Standards (TAS) Requirements <input type="checkbox"/> 2015 International Plumbing Code (IPC) <input type="checkbox"/> 2014 National Electrical Code (NEC)
<input type="checkbox"/> Lighting & Mechanical Energy Analysis (Com Check) www.energycodes.gov/comcheck (Separate from spec book & plans.) <input type="checkbox"/> Two (2) copies provided for CIFO, plus building envelope & exterior lighting for new building or shell structures.	
<input type="checkbox"/> Building Plans provided with: <input type="checkbox"/> Three (3) completed bound sets of plans (max size 24" height X 36" width) <input type="checkbox"/> One (1) complete set of plans on CD (.pdf format only) <input type="checkbox"/> Cover Sheet containing Code Compliance Year, Project Analysis, Location Site & Map (Note: Partial shell, finish-out, or alteration projects must be accompanied by an area site plan indicating building involved and the location of the tenant suite inside that building.) <input type="checkbox"/> Approved Site Plan provided (for new buildings) <input type="checkbox"/> Architectural Plans provided that are " SIGNED & SEALED " by an architect or engineer <input type="checkbox"/> Mechanical Plans provided and are sealed & signed as applicable by law <input type="checkbox"/> Electrical Plans with riser diagram, panel schedule that provides total load calculations, and sealed & signed as applicable by law are provided <input type="checkbox"/> Plumbing Plans with riser diagram, and sealed & signed as applicable by law are provided <input type="checkbox"/> Energy Plan with location of <i>daylight zones</i> and analysis per the IECC, Section C-103	
<input type="checkbox"/> Photometric Analysis - Two (2) copies provided for site lighting (and decking, if water feature is within the scope of the project)	
<input type="checkbox"/> Medical Checklist for medical facilities (see special requirements for dental, medical gases, and X-Ray equipment installations) Note: Separate Dental Office requirements are provided upon request.	
HEALTH PLAN REVIEW requires food service details that include: <input type="checkbox"/> Floor plan with all equipment <input type="checkbox"/> satellite areas/equipment and elevations <input type="checkbox"/> Equipment schedule, including counter top equipment <input type="checkbox"/> Manufacturer's cut sheets of all equipment <input type="checkbox"/> Finish schedules of all food service areas <input type="checkbox"/> Identify each room with function and purpose	<input type="checkbox"/> Grease interceptor calculations <input type="checkbox"/> Grease interceptor proposed location <input type="checkbox"/> Grease storage container location <input type="checkbox"/> Water heater calculations <input type="checkbox"/> Bare hand contact policy (if used) <input type="checkbox"/> Full menu depicting consumer advisory disclosure and reminder locations
Specifications, including roofing materials are required <input type="checkbox"/> One (1) separate book or printed within drawings (Buildings designated as Green Building by Planning & Zoning must comply with the EPA's Energy Star Cool Roof Program www.energystar.gov)	
Geo-Technical Report for new buildings <input type="checkbox"/> One (1) copy (separate from the spec book)	
PLAN REVISIONS <input type="checkbox"/> Transmission sheet <input type="checkbox"/> Two (2) hardcopy sets of bound plans <input type="checkbox"/> One (1) set of plans on CD (pdf format)	
Please indicate as "TBD" at the bottom of the Application for Building Permit form if the Mechanical, Electrical or Plumbing (MEP) sub-contractors have not been selected when apply for the permit. The MEPs must be identified, validated, and registered prior to the permit being issued.	



ENERGY PLAN REVIEW REQUIREMENTS

Residential Energy Plan Reviews are based on Chapters R 1,2,3,4,5 of the *ICC International Energy Conservation Code (IECC)*. *Commercial Energy Plan Reviews* are based on Chapters C 1,2,3,4,5 of the *ICC International Energy Conservation Code (IECC)* or the referenced edition of *ANSI/IESNA/ASHRAE 90.1* unless otherwise directed. In order to perform a thorough Energy Plan Review (and inspection), the following specifications, drawings, and detail should be submitted and be present on the job site for inspection.

The building's thermal envelope shall be represented on the construction drawings.

Construction documents and other supporting data shall be submitted in three (3) sets with each application for a permit. The documents shall be drawn to scale. Details on documents shall include, but are not limited to, the following as applicable:

- 1) Insulation materials and their R-values.
 - 2) Fenestration U-factors and solar heat gain coefficients (SHGCs).
 - 3) Area-weighted U-factor and solar heat gain coefficient (SHGC) calculations.
 - 4) Mechanical system design criteria.
 - 5) Mechanical and service water heating system and equipment types, sizes and efficiencies.
 - 6) Economizer description.
 - 7) Equipment and system controls.
 - 8) Fan motor horsepower (hp) and controls.
 - 9) Duct sealing, duct and pipe insulation and controls.
 - 10) Lighting fixture schedule with wattage and control narrative.
 - 11) Location of daylight zones on floor plans.
 - 12) Air sealing details.
-
1. **Complete all** signed and sealed (as required by applicable law) plans and specifications as indicated below.
 2. **Envelope**- Architectural plans and specifications to include:
 - a. Description of uses and the proposed occupancy group(s) for all portions of the building.
 - b. Thermal performance of envelope components.
 - c. Fenestration performance details (U-factor, SC, SHGC, VLT, air leakage rates, etc.).
 - d. Fully dimensioned drawings to determine gross and net areas of all envelope components.
 - e. Details of vapor barrier and insulation installation, and air sealing methods.
 - f. COMcheck, ENVSTD, or other approved method outputs.
 - g. Design conditions (interior and exterior) consistent with local climate.
 3. **Electrical**- Complete plans and specifications of all electrical power and lighting work including:
 - a. Riser diagram(s) of the distribution system indicating:
 1. Check metering provisions for individual dwelling units.
 2. Subdivision of feeders by end use: 1) Lighting, 2)HVAC, 3) SWH, 4) Swimming pools, and systems over 20 kw
 - b. Lighting fixture schedule(s) depicting location, fixture lamps, ballasts, ballast specifications, fixture input watts, fixture wiring methods, power factor, etc.
 - c. Lighting plan(s) for building exteriors including total exterior Connected Lighting Power (CLP).
 - d. Lighting power floor plans for building interiors including total interior CLP
 - e. COMcheck, LTGSTD, or other approved method outputs.
 - f. Interior and exterior means of lighting control.
 - g. Electric motor schedule including type, HP and efficiencies.
 4. **Mechanical**- Complete plans and specifications of all mechanical work including:
 - a. Equipment type, capacity (Btuh) and efficiency (peak and part-load).
 - b. System design air flow rates (cfm).

- c. Details of equipment/system sizing.
 - d. System and/or zone control capabilities including terminal device schedule.
 - e. Provisions for automatic setback/shutdown.
 - f. Indicate intentions or plans for systems commissioning.
 - g. Energy consumed by fans and pumps.
 - h. Economizers (air or water) including provisions for integrated control.
 - i. Duct construction and system static pressure(s), including provisions for sealing.
 - j. Duct and/or hydronic-piping lining and insulation materials.
 - k. Provisions for air and/or hydronic systems balancing.
5. **Plumbing**- Complete plans and specifications of all plumbing work including:
- a. Boiler and water heater equipment and piping details, safety controls and distribution piping layout.
 - b. Service water heating (SWH)-Complete SWH specifications including:
 - 1. SWH equipment data including type, capacity and efficiency.
 - 2. SWH pipe insulation, thickness, conductivity and vapor retarder (where appropriate)
 - c. Water conservation requirements.
6. **Swimming Pools**- Verify all energy conservation measures (where applicable).

Revised July 2016





DEVELOPMENT SERVICES

CITY OF FRISCO

GEORGE A. PUREFOY MUNICIPAL CENTER
 6101 FRISCO SQUARE BLVD · 3RD FLOOR
 FRISCO, TEXAS 75034
 TEL 972.292.5300 · FAX 972.292.5313
 WWW.FRISCOTEXAS.GOV

COMMERCIAL BUILDING PERMIT APPLICATION

PERMIT NO. B -

TDLR: _____

An incomplete application will delay the review process or cause application to be denied.

PROJECT NAME:				
PROJECT ADDRESS:				
NATURE OF BUSINESS:				

LEGAL DESCRIPTION:	SUBDIVISION	BLOCK	LOT	COUNTY
				<input type="checkbox"/> COLLIN <input type="checkbox"/> DENTON

OWNER:	NAME:	EMAIL:
	ADDRESS:	TELEPHONE:

ARCHITECT:	NAME:	REGISTRATION NUMBER:
	ADDRESS:	TELEPHONE:

CONTRACTOR:	NAME:	REGISTRATION NUMBER:
	ADDRESS:	TELEPHONE:

APPLICANT:	NAME:	EMAIL:
	ADDRESS:	TELEPHONE:

BUILDING DESCRIPTION:	<input type="checkbox"/> SHELL ONLY <input type="checkbox"/> FINISH-OUT ONLY <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER _____		
CLASS OF WORK:	<input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR		
ELECTRICAL PROVIDER:	<input type="checkbox"/> COSERV <input type="checkbox"/> ONCOR	GAS PROVIDER:	<input type="checkbox"/> COSERV <input type="checkbox"/> ATMOS
GROSS ENCLOSED AREA:		EXTERIOR COVERED AREA:	
NUMBER STORIES:		TOTAL AREA UNDER ROOF:	
FLOOR LEVEL:			
ESTIMATED VALUE:			

The Undersigned applicant certifies that the project described herein will be built in accordance with plans and specification submitted at time of application. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any local or state law regulating construction or the performance of construction. When a permit has not been issued within 180 days following the date of application, the application and plan review will expire. The City does not assume responsibility for workability of sanitary sewer on all lots. A certificate of Occupancy must be issued before any building is occupied.

Applicants Signature _____	Date _____
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Applicant Name (Please Print Legibly)

Permit Application must be presented with applicants' signature. Application submittal forms will be accepted by fax, email or other digital media. All submittals sent by mail or delivered by courier should be presented to the attention of the Building Official at the George A Purefoy Municipal Center.



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[] MECHANICAL PERMIT APPLICATION

Fax to Building Inspections at (972) 292-5313

An incomplete application will delay the review process or cause denial of the application.

PROJECT ADDRESS:				
LEGAL DESCRIPTION:	SUBDIVISION	BLOCK	LOT	COUNTY
				<input type="checkbox"/> COLLIN <input type="checkbox"/> DENTON
OWNER:	NAME:			
	ADDRESS:		TELEPHONE:	
CONTRACTOR:	NAME:		REGISTRATION NUMBER:	
	ADDRESS:		TELEPHONE:	
APPLICANT:	NAME:		REGISTRATION NUMBER:	
	ADDRESS:		TELEPHONE:	

NOTICE:
 This permit expires if construction does not commence within six (6) months, or if construction is suspended or abandoned for a period of six (6) months at any time after work is commenced.

CLASS OF WORK:	<input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR			
ELECTRICAL PROVIDER:	<input type="checkbox"/> COSERV	<input type="checkbox"/> ONCOR	GAS PROVIDER:	<input type="checkbox"/> COSERV <input type="checkbox"/> ATMOS
DESCRIPTION OF WORK:				

I hereby certify that I have read and examined this application 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 state or local law regulating construction or the performance of construction.

Signature of Owner, Contractor, or Authorized Agent	Date
Applicant Name (Please Print Legibly)	

Permit Application must be presented with applicant's original signature. Application submittals will be accepted by fax, email or other digital media and must have prior notification to Building Inspections to ensure prompt receipt. All submittals sent by mail or delivered by courier should be presented to the attention of the Chief Building Official at the George A Purefoy Municipal Center.



DEVELOPMENT SERVICES

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WWW.FRISCOTEXAS.GOV

[] ELECTRICAL PERMIT APPLICATION

Fax to Building Inspections at (972) 292-5313

An incomplete application will delay the review process or cause denial of the application.

Form with fields for PROJECT ADDRESS, LEGAL DESCRIPTION (SUBDIVISION, BLOCK, LOT, COUNTY), OWNER (NAME, ADDRESS, TELEPHONE), CONTRACTOR (NAME, ADDRESS, TELEPHONE), and APPLICANT (NAME, ADDRESS, TELEPHONE).

NOTICE: This permit expires if construction does not commence within six (6) months, or if construction is suspended or abandoned for a period of six (6) months at any time after work is commenced.

Form with fields for CLASS OF WORK (NEW, ALTERATION, ADDITION, REPAIR), ELECTRICAL PROVIDER (COSERV, ONCOR), GAS PROVIDER (COSERV, ATMOS), and DESCRIPTION OF WORK.

I hereby certify that I have read and examined this application 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 state or local law regulating construction or the performance of construction.

Signature lines for Signature of Owner, Contractor, or Authorized Agent; Date; and Applicant Name (Please Print Legibly).

Permit Application must be presented with applicant's original signature. Application submittals will be accepted by fax, email or other digital media and must have prior notification to Building Inspections to ensure prompt receipt. All submittals sent by mail or delivered by courier should be presented to the attention of the Chief Building Official at the George A Purefoy Municipal Center.



DEVELOPMENT SERVICES

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 WWW.FRISCOTEXAS.GOV

MED/GAS

PERMIT APPLICATION

Email to BuildingInspectionsCSR@friscotexas.gov or via facsimile at (972) 292-5313

An incomplete application may delay the review process or cause denial of the application.

PROJECT ADDRESS:				
LEGAL DESCRIPTION:	SUBDIVISION	BLOCK	LOT	COUNTY
				<input type="checkbox"/> COLLIN <input type="checkbox"/> DENTON
OWNER:	NAME:			
	ADDRESS:		TELEPHONE:	
CONTRACTOR:	NAME:		REGISTRATION NUMBER:	
	ADDRESS:		TELEPHONE:	
APPLICANT:	NAME:		REGISTRATION NUMBER:	
	ADDRESS:		TELEPHONE:	

NOTICE:
 This permit expires if construction does not commence within six (6) months, or if construction is suspended or abandoned for a period of six (6) months at any time after work is commenced.

CLASS OF WORK:	<input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR			
ELECTRICAL PROVIDER:	<input type="checkbox"/> COSERV	<input type="checkbox"/> ONCOR	GAS PROVIDER:	<input type="checkbox"/> COSERV <input type="checkbox"/> ATMOS
DESCRIPTION OF WORK:				

I hereby certify that I have read and examined this application 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 state or local law regulating construction or the performance of construction.

Signature of Owner, Contractor, or Authorized Agent	Date
Applicant Name (Please Print Legibly)	

Permit Application must be presented with applicant's original signature. Application submittals will be accepted by fax, email or other digital media and must have prior notification to Building Inspections to ensure prompt receipt. All submittals sent by mail or delivered by courier should be presented to the attention of the Chief Building Official at the George A Purefoy Municipal Center.



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[] PLUMBING PERMIT APPLICATION

Fax to Building Inspections at (972) 292-5313

An incomplete application will delay the review process or cause denial of the application.

PROJECT ADDRESS:				
LEGAL DESCRIPTION:	SUBDIVISION	BLOCK	LOT	COUNTY
				<input type="checkbox"/> COLLIN <input type="checkbox"/> DENTON
OWNER:	NAME:			
	ADDRESS:		TELEPHONE:	
CONTRACTOR:	NAME:		REGISTRATION NUMBER:	
	ADDRESS:		TELEPHONE:	
APPLICANT:	NAME:		REGISTRATION NUMBER:	
	ADDRESS:		TELEPHONE:	

NOTICE:
 This permit expires if construction does not commence within six (6) months, or if construction is suspended or abandoned for a period of six (6) months at any time after work is commenced.

CLASS OF WORK:	<input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR			
ELECTRICAL PROVIDER:	<input type="checkbox"/> COSERV	<input type="checkbox"/> ONCOR	GAS PROVIDER:	<input type="checkbox"/> COSERV <input type="checkbox"/> ATMOS
DESCRIPTION OF WORK:				

I hereby certify that I have read and examined this application 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 state or local law regulating construction or the performance of construction.

Signature of Owner, Contractor, or Authorized Agent	Date
Applicant Name (Please Print Legibly)	

Permit Application must be presented with applicant's original signature. Application submittals will be accepted by fax, email or other digital media and must have prior notification to Building Inspections to ensure prompt receipt. All submittals sent by mail or delivered by courier should be presented to the attention of the Chief Building Official at the George A Purefoy Municipal Center.



ASBESTOS-FREE REPORT
(As required by the CITY OF FRISCO for permit applications)

PROJECT: _____
(Name and Address, include Suite # if applicable)

(A) ASBESTOS SURVEY DOCUMENTATION

() In accordance with the Texas Asbestos Health Protection Rules (TAHPR), the National Emission Standards for Hazardous Air Pollutants (NESHAP) and Asbestos Hazard Emergency Response Act (AHERA), as applicable, I hereby certify that an asbestos survey has been conducted for the area(s) to be renovated, altered and/or demolished. Related documentation is

Attached herewith () (Survey Date: _____ TDH Insp. License No. _____)
Shall be submitted () (**TAC Title 25,Part1, ch 295.31-295.73**) states that a permit may not be issued without an Asbestos Survey or Architect/Engineer's certification stating that the project does not contain asbestos).

I understand that it is my responsibility to have this asbestos survey conducted and submitted prior to a permit being issued by the City of Frisco and to notify the Texas Department of State Health Services (**TDSHS**) not later than 10 working days, as required before starting asbestos abatement or any demolition project, regardless of whether the site contains asbestos or not.

Name _____ Phone _____
(Owner, Authorized Representative or TDH Inspector)

Signature _____ Date _____

(B) A STATEMENT THAT THE INSTALLATION OF MATERIALS CONTAINING ASBESTOS IS PROHIBITED.

() Having reviewed the Material Safety Data Sheets (MSDS's) for the materials used in the original construction, the subsequent renovations or alterations of all parts of the building affected by the planned renovation or demolition, and any asbestos surveys of the building previously conducted in accordance with this (TAHPR's); and In accordance with (**TAC Title 25,Part1, ch 295.31-295.73**) to the best of my knowledge, information and belief, I hereby attest that all parts of the buildings or materials affected by the alteration, renovation and demolition as planned for the new construction does not contain asbestos.

Professional's Authentication:

Signed: (Seal, Title or License No.)

Architect/Engineer _____

TDH licensed Insp. _____

Company _____

Phone _____ Ext. _____ Date _____



CITY OF FRISCO BACKFLOW PREVENTION INFORMATION SHEET

Project Address: _____ Permit Number: _____

Project Name: _____

Contact Person: _____ Phone Number: _____

Please indicate by placing an X in the appropriate box with regard to the backflow items provided. The completed form will be forwarded to R.O.W. Division at Public Works. **To prevent delays at time of final inspection this form must be completed and accurately filled out.**

Place an "X" Here	** Backflow Items**	Type of Protection	Type of Protection Provided	Number of Assemblies Provided
	Auxiliary water supply mainline & isolation	R.P.Z.		
	Boilers/ Chillers for space heating mainline & isolation	R.P.Z.		
	Building containing a reclaimed water system mainline & isolation	R.P.Z.		
	Carbonated Drink Dispensers	STAINLESS STEEL R.P.Z. ONLY		
	Car Washes mainline & isolation	R.P.Z.		
	Chemical Mop Bucket Washers	A.V.B. with no downstream shut-off Valves and an Air Gap on Hose		
	Commercial Laundry Washers, Dry Cleaners mainline & isolation	AIR GAP or R.P.Z.		
	Cooling Towers/ Evaporative Coolers mainline & isolation	AIR GAP and R.P.Z.		
	Dishwasher (Residential type)	AIR GAP Fitting on drain line (Loop option is prohibited)		
	Fire protection systems utilizing chemicals or additives (New installations only or complete remodel)	R.P.Z. (Assembly must have U.L. or F.M. and U.S.C. ratings)		
	Fire protection Commercial and Residential systems without chemicals or additives	D.C. (Assembly must have U.L. or F.M. and U.S.C. ratings)		
	Food and beverage processing plants	R.P.Z.		
	Fountains/ Outdoor Decorative Pool	AIR GAP, R.P.Z. or P.V.B. with no Downstream pump.		
	Funeral home and mortuary mainline & isolation	R.P.Z.		
	Green house or nursery (With Toxic Chemicals)	R.P.Z.		
	Hospital / Dental / Doctor / Veterinarian Equipment (All medical equipment) mainline & isolation	R.P.Z. or AIR GAP		
	Ice cream/ Yogurt/ Custard Machine with antifreeze circulating system connected to the water supply	R.P.Z.		
	Irrigation Chemical Injection	R.P.Z.		
	Irrigation Commercial / Residential	D.C., P.V.B. or R.P.Z.		
	Laboratories (Including medical, dental, research labs and labs at educational facilities) mainline & isolation	R.P.Z.		
	Main supply line for: Hospital mainline & isolation	R.P.Z. (Parallel system Required)		
	Main supply line for: Building 3 or more stories in height	R.P.Z.		
	Manufacturing plant (Toxic) mainline & isolation	R.P.Z.		
	Mixing Valves with Hose Attachments	R.P.Z. or A.V.B. with No downstream shut-offs		
	Photography Equipment	R.P.Z.		
	Plants using radioactive materials mainline & isolation	R.P.Z.		
	Plating or chemical plants mainline & isolation	R.P.Z.		
	Temporary construction fire hydrant meter	R.P.Z. or AIR GAP		
	Trap Primers	AIR GAP (1 Inch Minimum)		
	Sewage lift stations mainline & isolation	R.P.Z.		
	Sewage treatment plants mainline & isolation	R.P.Z.		
	Stationary construction fire hydrant meters	R.P.Z. or AIR GAP		
	Swimming Pools	AIR GAP or R.P.Z.		
	Wall Hydrants / Commercial Landscape Areas	A.V.B. unless chemical injectors are to be used.		
	Wall Hydrants / Commercial Garage Areas	A.V.B. Unless it is a Radiator Shop, Chemical Tanker Repair Shop etc. Then it Must Be An R.P.Z.		
	Water Heaters	AIR GAP (6 inch minimum) on T&P Drain Line		
	Water Injected Garbage Disposals	A.V.B. on water supply line with an AIR GAP on drain line.		
	Water Injected Soap Dispensers	R.P.Z. or AIR GAP		
	Water softeners	R.P.Z.		
	Other:	RP.Z., P.V.B., D.C and A.V.B.		
	None of the Above			



Permit Number: _____ - _____

**MEDICAL / DENTAL FACILITY
SPECIAL REQUIREMENTS**

**B OCCUPANCY GROUP / PROFESSIONAL SERVICES
FULLY ACCESSIBLE**

BUILDING CODES, including local amendments

2015 International Building Code (IBC), NFPA 101
2015 International Mechanical Code (IMC)
2015 International Plumbing Code (IPC)
2014 National Electric Code (NEC), NFPA 70
2015 International Fire Code (FC), NFPA 99

1. Finish flooring should be of highly sanitary materials, such as seamless vinyl sheeting. If tiling or carpeting is chosen in any area, the responsible Doctor shall submit a signed statement certifying that all cleaning, sanitizing and/or sterilizing, as required for the protection of public health, shall be conducted under his/her professional responsibility and supervision, including the choosing of final materials.
2. Doctor and General Contractor shall attest for full compliance to all jurisdictional laws of medical or dental facilities design, construction, equipment installation, radiation safety, and proper storing of medical gases, as applicable. (See following form to be executed/signed [as required] and submitted with the Application for Building Permit.
3. Silver recovery unit must be operational at time of the Certificate of Occupancy (CO/Building Final) inspection.
4. All interior glazing must comply with safety glass regulations.
5. Demising walls and Tank Room/Closet walls to be 1-hour fire-rated from floor to the underside of structure above and fully sealed as per UL-U465 or better. Storage space for Nitrous Oxide (N₂O) / Oxygen (O₂) must have 1-hour smoke/fire-rated door and vented directly to the outside, as required.
6. Project must be accompanied by equipment specification and installation diagram of medical gases system per NFPA requirements - see following page for a list of examples.
7. Offices with a total occupancy load greater than fifteen (15) (public & employees) must have double accessible toilet facilities (one per sex), as required. Projects may have only one (1) accessible "unisex" toilet when the occupancy load does not exceed 15.
8. Entire project is subject to possible further requirements from Fire Marshal and Building Inspector(s).

updated Dec 2016



Permit Number: _____ - _____

**MEDICAL / DENTAL FACILITY
NFPA EXCERPTS**

N2O AND O2 INSTALLATION SYSTEM(S) REQUIREMENTS

1. No more than 2,000 cubic feet of gas in the Tank Room.
2. Gas stored in a separate cabinet with a lock on the door.
3. At least (seventy-two) 72 sq. inches of vent area in cabinet and/or room.
4. A separate regulator for each cylinder of gas.
5. A pressure relief valve (PRV) set at 75 psi.
6. A check valve downstream of the regulator.
7. Line pressure gauge for each gas.
8. Hard drain, pre cleaned, degreased, capped, copper tubing **ONLY**.
9. All flexible tubing tested to 1,000 psi.
10. Med Gas tubing must **NOT** go through walls or partitions.
11. System must be tested for leaks with dry Nitrogen for 24 hours at 150 psi.
12. Line pressure set at 50-55 psi.
13. ALL JOINTS **MUST** USE SILVER SOLDER or similar brazing alloy with at least 1,000 F melting point. **USE NON-CORROSIVE FLUX APPLIED SPARINGLY!**
14. An audible and visual alarm, set at 40 psi low and 60 psi high, must be in a constantly monitored area.
15. A remote shut off must be used if gases are stored in a remote area, i.e. outside, in the basement, etc.
16. Outlet station internal valves must **NOT** be interchangeable.
17. Do **NOT** place compressors or other equipment in tank room.
18. Do **NOT** use tank room for storage of combustible or flammable materials.



Permit Number: _____ - _____

**MEDICAL / DENTAL FACILITY
OPERATION**

MAINTENANCE OF SANITARY CONDITIONS & STATEMENT OF REGULATORY COMPLIANCE

Proposed Medical / Dental Facility: _____
(Name of Medical / Dental Facility)

(Street Address, include Suite Number, if applicable)

I, _____ (*Please print Doctor's name*) hereby certify that all cleaning, sanitizing and/or sterilizing of the above Medical / Dental Facility are my responsibility. Any finish material, including flooring of vinyl combination tile, ceramic tile, carpeting, etcetera, that I may choose to install for the treatment rooms, will follow under these guidelines. Also, I shall be responsible, with my contractor, to comply with all local, State and/or Federal jurisdictional laws regulating all building construction requirements for the operation of this type of facility, radiation safety precautions, equipment installation, and permissible storing of medical gases, as applicable.

INSTALLATION OF MEDICAL GAS SYSTEMS TO BE PROVIDED: **YES () NO ()**
(Please check, as applicable)

ACKNOWLEDGEMENT:

Doctor's signature

Date

Contractor's signature

Date



Permit Number: _____ - _____

MEDICAL / DENTAL FACILITY CHECKLIST

Submit Checklist with Project # and application. Include any uncovered relevant information necessary for Plan Review.

Business Name _____

Street Address _____ Suite# _____

Medical Specialty _____ Total Square Footage _____

- 24-hour-basis medical operation facility Yes No
- Other flammable laboratory gases / combustible liquids Yes No
- Medical gas storage/distribution (NFPA 99) Yes No
- Nitrous Oxide (N2O) Yes No
- Oxygen (O2) Yes No
- General Anesthesia Yes No
- Conscious Sedation Yes No
- Auxiliary emergency electric service needed Yes* (*As per NFPA 99, 101 & 110) No
- Facility with Radiation / Radiotherapy equipment Yes* (*Med Physicist's report required) No
- Medical Physicist's analysis report submitted Yes* (*with any Physicist's drawing) No
- Screening of area used for Laser-beam treatment Yes* (*Light rays not to escape area) No

New construction and interior finish-outs are required to provide responses in next section (below).

- Asbestos Survey report attached Yes No
- Commercial use of kitchen facility Yes* (*Rated exhaust shaft & Health Permit required) No
- Available Drinking Fountain (in or near Tenant area) Yes (Common DF on same floor acceptable) No
- Usable Service Sink (in Tenant area or same floor) Yes (Tenant use of common SS acceptable) No
- International Energy Conservation Code (IECC) report Yes* (*Lighting / Power / Mechanical systems) No
- Project submitted to TDLR for TAS review Yes* (*Projects \$50,000 or more construction value) No

This Checklist was completed by: _____ (Signature required) _____ (Date)

Owner's Name _____ (Please print)

Business Name _____ (Please print)



INSTALLATION OF RADIATION EQUIPMENT AND MEDICAL GAS SYSTEMS

A) RADIATION EQUIPMENT

The Bureau of Radiation Control of the Texas Department of Health (TDH) has issued general provisions and standards for protection against machine-produced radiation under the Texas Regulations for Control of Radiation (TRCR)-Title 25 Texas Administrative Code (TAC), Chapter 289. Those rules establish that the total effective dose equivalent (TEDE) to individual members of the public from exposure to radiation from radiation machines does not exceed 0.5 rem in a year and 0.002 rem in any one hour.

In conformance, the City of Frisco requires that all spaces where radiation equipment is to be installed (e.g. hospitals, offices for medical doctors, chiropractors, podiatrists, dentists, veterinary clinics, etc.) be designed and provided accordingly with all the architectural and engineering construction elements that may be necessary. A report from a TDH licensed Professional Medical Physicist must accompany the project's permit application indicating all the special protective construction that the Physicist has recommended to be included in the construction documents.

Dental offices equipped with minimal-treat-radiation machines do not need to submit the Physicist's report provided that the Doctor is assuming full responsibility for TRCR compliance and the safety of the equipment is documented with submitted manufacturer's catalog information.

B) MEDICAL GASES

Compressed gases at hospitals and similar facilities intended for inhalation or sedation including, but not limited to, analgesia systems for dentistry, podiatry, veterinary and similar uses shall be stored and distributed in accordance with all pertinent code requirements and related legislation.

Plans must clearly indicate location of tank rooms with the required fire-protection rating of walls and doors, required room ventilation and distribution system details.

Separate handout information on special dental office requirements is available upon request.



CITY OF FRISCO BACKFLOW PREVENTION INFORMATION SHEET

** Situations which are not covered in the Table above shall be evaluated on a case-by-case basis by the City, and the required backflow prevention assembly shall be determined by Right-Of-Way Engineer or designee(s).

Mainline; Reduced Pressure Backflow Assembly or Air Gap only. No closer than 3 ft from meter & no tee's or branches before assembly

Isolation; Backflow Assembly to be installed at the point of a water connection to equal the following:

R.P.Z - Reduced Pressure Backflow Assembly (Assembly required to be tested – see reverse side) .

D.C. - Double Check Valve Backflow Assembly (Assembly required to be tested – see reverse side).

Air Gap to equal a separation of one inch (1") minimum or twice the diameter of the pipe whichever is greater.

No vacuum Breaker shall be subjected to any type of backpressure situation.

P.V.B – Pressure Vacuum Breaker Assembly (Assembly required to be tested – see reverse side)

P.V.B - Assemblies can have a down stream shut-off valve

A.V.B – Atmospheric Vacuum Breaker

A.V.B - Assemblies are not allowed in any Health situation and no downstream shut-off valves.

Spill Proof Vacuum Breakers are not allowed in the City Of Frisco.

REGISTRATION: Prior to performing any testing of Backflow Prevention Assemblies within the City of Frisco, a Certified Backflow Prevention Assembly Technician must be registered with the City of Frisco

TESTING OF BACKFLOW PREVENTION ASSEMBLIES: The backflow prevention assemblies shall be tested by a Certified Backflow Prevention Assembly Technician. In order to properly register a backflow assembly with the City of Frisco's Right-of-way Division, A Backflow Assembly Test Report Form shall be completed by a certified technician on each backflow prevention assembly tested. Each completed form, together with the records of such test, repair or replacement, shall be forwarded to the City of Frisco's Right-of-Way Division within ten (10) days after the testing, repair or replacement.

BACKFLOW PREVENTION ASSEMBLIES REQUIRED:

(A) Each service connection from the public water system to a premises having an auxiliary water supply shall be protected against backflow of water from the premises into the public water system with a Reduced Pressure Backflow Prevention Assembly.

(B) For all newly constructed premises in which a substance is handled in which it may enter the public water system, a backflow prevention assembly should be installed at each service connection from the public water system to such premises to protect against the backflow of water from the premises into the public water system. This requirement shall apply to each premise in which persons handle processed water or water originating from the public water system which has been subjected to deterioration in sanitary quality.

(C) For all existing premises in which a substance is handled in which it may enter the public water system, a backflow prevention assembly should be installed at each service connection from the public water system to such premises to protect against the backflow of water from the premises into the public water system upon the final determination of the Right of Way Engineer or designee(s). This requirement shall apply to each premise on which persons handle processed water or water originating from the public water system which has been subjected to deterioration in sanitary quality.

(D) Backflow prevention assemblies shall be installed on a service connection to premises: (1) having internal cross-connections that cannot be permanently corrected or controlled, (2) upon the appropriate city official's determination that intricate plumbing exists and makes it impractical to determine whether cross-connections would fit therein or (3) where a portion of the premises cannot be readily accessed for inspection purposes making it impractical or impossible to determine if a cross-connection exists. The customer connected to the public water system shall make all necessary arrangements, at their sole expense, to remove without delay security barriers or other obstacles for access by the Right of Way Engineer or designee(s).

(E) If a water main intersection results in two or more service connections (supplying water to said premises from different water mains) to the same building, structure or premises, then a standard check valve shall be installed adjacent to the respective meters and the owner's property. If a check valve is not adequate to protect the public water system's water mains from pollution or contamination the installation of an approved backflow assembly may be required. Approval will be given if a backflow prevention assembly is functioning. A final determination will be made by the Right of Way Engineer, building official or their designee(s) that a check valve is inadequate or that an approved backflow prevention assembly is required.

**For More Information Contact:
The City Of Frisco
Public Works Right-of-Way Division
11300 Research Rd, Frisco TX 75034
(972) 292-5819**



DEVELOPMENT SERVICES

CITY OF FRISCO

GEORGE A. PUREFOY MUNICIPAL CENTER
6101 FRISCO SQUARE BLVD - 3RD FLOOR
FRISCO, TEXAS 75034
TEL 972.292.5300
WWW.FRISCOTEXAS.GOV
email:

CONTRACTOR REGISTRATION APPLICATION

REGISTRATION NUMBER: R _____ - _____

Contractor Registration Application must be presented with applicants' original signature. Application submittals will be accepted via facsimile, email or other digital communication. All applications sent by USPS mail or delivered by courier should be presented to the attention of the Building Inspections Customer Service Representatives at the George Purefoy Municipal Center. Incomplete submittals will delay the review process and/or may cause denial of the Contractor Registration Application.

Please select one (1) of the following:

- General Contractor, Mechanical Contractor, Electrical Contractor, Plumbing Contractor, Irrigation Contractor, Sign Contractor, 3rd Party Rater, Structural Engineer, OSSF Installer

Applicants are required to provide the following with a Contractor Registration Application submittal:

- 1. Copy of each valid Master's License, Journeyman License, Wireman or certificates of applicable trade, along with a Copy of each license holder's valid Texas Driver's License or Photo Identification (ID)
2. Proof of Liability Insurance
3. HERS Providers (3rd Party Rater) must provide a copy of the signed RESNET Letter, EPA Agreement, and a list of all Raters employed by the Provider, Engineer of Record (Structural Engineer) must provide \$1 million professional liability insurance
4. No fees required at this time for 3rd Party Raters. Sign Contractors are \$75, and all others are \$50. (Contractor Registration Ordinance# 15-10-75)
5. Sign Contractors must include a valid Master Electrical License or valid Electrical Sign Contractor License. (Sign Ordinance#16-03-25)

Form with fields for COMPANY NAME (NAME, ADDRESS, EMAIL ADDRESS, TELEPHONE) and RESPONSIBLE INDIVIDUAL (NAME, ADDRESS, EMAIL ADDRESS, TELEPHONE).

Form with fields: WILL YOU REQUEST INSPECTION(S) ONLINE? (YES/NO) and PIN NUMBER SELECTED.

1. CONTRACTOR REGISTRATION MUST BE RENEWED ANNUALLY WITHIN THIRTY (30) DAYS OF ITS EXPIRATION DATE. PERMITS WILL NOT BE ISSUED TO ANY INDIVIDUAL OR BUSINESS THAT DOES NOT HAVE A CURRENT CONTRACTOR REGISTRATION WITH THE CITY OF FRISCO.
2. I ALSO ACKNOWLEDGE THAT ANY TRASH REMOVED FROM THE CITY OF FRISCO WILL BE PROPERLY TRANSPORTED TO A NORTH TEXAS MUNICIPAL WATER DISTRICT LAND FILL FOR DISPOSAL.
3. I HEREBY ACKNOWLEDGE I HAVE READ AND EXAMINED THIS CONTRACTOR REGISTRATION APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.

ACKNOWLEDGEMENT:

Form with fields: Applicants Signature, Date, Applicant Name (Please Print Legibly).

CONTRACTOR REGISTRATION APPLICATION (Continued)

All Contractors required by State Law and local ordinance(s) to be licensed must register with the City of Frisco before applying for permits or performing any work within this jurisdiction. A Master License in a specific trade is required to register as a Contractor. All Licensed Journeyman who work for a registered contractor will be listed on the Contractor Registration Application. All work shall be supervised by a Licensed Journeyman who must be within five (5) minutes of any job under his/her supervision. A licensed residential Electrician may supervise one (1) helper or apprentice; however, a contractor with 2 or more residential electrical crews operating in a subdivision must have a Licensed Journeyman in the subdivision within five (5) minutes of each job.

Any work discovered that is performed without a required Licensed Contractor will be identified to prevent reuse and shall be removed. Multiple violations by a registered Contractor will result in suspension of the Contractor's Registration, the right to obtain permits to work in the City, and/or may include the issuance of citations and reporting to the State. A Contractor is defined as a General Contractor, Electrical Contractor, Plumbing Contractor, Irrigation Contractor, Mechanical Contractor, Sign Contractor, Backflow Tester, or 3rd Party Rater.

Type	Valid Texas Driver's License or Photo ID	Liability Insurance	Master License Required	All Journeymen and Master must be listed	Annual Registration Fee
General	YES	YES	NO	NO	YES
Electrical	YES	YES	YES	YES	YES
Plumbing	YES	YES	YES	YES	NO
Mechanical	YES	YES	YES	YES	YES
Irrigation	YES	YES	YES	YES	YES
Sign	YES	YES	YES	YES	YES
Backflow	YES	YES	YES	NO	NO
3 rd Party Rater	YES	YES	NO	NO	NO
Engineer of Record	YES	YES	NO	NO	NO

Note: Commercial Construction Trash Removers and/or Trash Haulers must register through the City of Frisco Environmental Services as provided in Amendment 02-01-04R to Resolution 9990616R. Contact Environmental Services at (972) 292-5900 or you can set up an account with the City of Frisco Utility Billing at (972) 292-5575.

For additional details or requirements, please see Contractor Registration Ordinance# 15-10-75. Located at <http://tx-frisco.civicplus.com/481/Most-Requested-Ordinances>.





Permit, Inspection and Miscellaneous Consolidated Fee Schedule

Building Permit Fees		
Commercial Building Permit	*%60 of Table Value	Table 1-A
Residential Building Permit		Table 1-A

TABLE 1-A*	
\$1 to \$500.00	\$23.50
\$500.01 to \$2,000.00	\$23.50 for the first \$500 plus \$3.05 for each additional \$100, or fraction thereof, to and including \$2,000.
\$2,000.01 to \$25,000.00	\$69.25 for the first \$2,000 plus \$14.00 for each additional \$1,000.00, or fraction thereof, to and including \$25,000.
\$25,000.01 to \$50,000.00	\$391.25 for the first \$25,000 plus \$10.10 for each additional \$1,000, or fraction thereof, to and including \$50,000.
\$50,000.01 to \$100,000.00	\$643.75 for the first \$50,000 plus \$7.00 for each additional \$1,000, or fraction thereof, to and including \$100,000
\$100,000.01 to \$500,000.00	\$993.75 for the first \$100,000 plus \$5.00 for each additional \$1,000, or fraction thereof, to and including \$500,000.
\$500,000.01 to \$1,000,000.00	\$3233.75 for the first \$500,000 plus \$4.75 for each additional \$1,000, or fraction thereof, to and including \$1,000,000.
\$1,000,000.01 and above	\$5,608.75 for the first \$1,000,000 plus \$3.15 for each additional \$1,000 or fraction thereof.
Inspection outside of normal business hours	\$150.00

* Commercial building permit fees are assessed on the basis of %60 of the calculated value of Table 1-A

Miscellaneous	
Certificate of Occupancy (Change of business name, ownership or use)	\$100.00
Certificate of Occupancy (Non-Conforming Use)	\$25.00
Demolition Permit	\$50.00
Reroof Permit	\$150.00
Detached Accessory Building (<100 sq ft)	\$25.00
Detached Accessory Building (≥100 sq ft, <160 sq ft)	\$50.00
Detached Accessory Building (≥160 sq ft)	Table 1-A
Duplicate Permit Placard and Reports	\$10.00
Commercial Irrigation - Per meter	
Single Meter	\$250.00
Second Meter add +	\$175.00
Three and Greater Meters	\$500.00
Residential Irrigation Permit	\$185.00
Reinspection Fee (Residential)	\$30.00
Reinspection Fee (Commercial)	\$35.00
Spa Permit	\$75.00
Structure Move Permit	\$50.00
Swimming Pool (Above Ground)	\$100.00
Swimming Pool (Below Ground)	\$200.00
Swimming Pool (Below Ground w/ spa)	\$275.00
Temporary Building Permit	\$50.00

Electrical Permit Fees	
For issuance of each permit	\$30.00
For issuance of each supplemental permit	\$10.00
All inclusive Residential permit by permit Square Footage	\$0.03 / per sqft
All inclusive Commercial permit by permit Square Footage	\$0.04 / per sqft
Electrical Meter Release	\$45.00
Each Residential Appliance	\$4.75
Each Commercial Appliance	\$4.75
Each Temporary Services	\$23.50
Each Misc Apparatus	\$18.20
Motors (Horsepower) ea.	
Up to 1	\$4.75
1, not over 10	\$12.30
10, not over 50	\$24.60
50, not over 100	\$49.50
over 100	\$74.50
Service Installation Replacement (Amps) ea.	
Up to 200	\$65.00
200, up to 1000	\$85.00
Over 1000 amps	\$150.00



Mechanical Permit Fees	
For issuance of each permit	\$30.00
For New finish-out/alterations	\$0.05/gsf
For issuance of each supplemental permit	\$10.00
Furnaces	
Installation or relocation of each forced air unit up to and including 100,000 Btu/h	\$13.25
Installation or relocation of each forced air unit over 100,000 Btu/h	\$16.25
Installation or relocation of each floor furnace	\$13.25
Installation or relocation of each suspended heater, recessed wall heater or floor-mounted	\$13.25
Appliance Vents	
Installation, relocation or replacement of each vent	\$7.00
Repairs or Additions	
Repair of, Alteration of or Addition of each heating or cooling appliance	\$12.25
Boiler, Compressor and Absorption Systems	
Installation or relocation of each boiler or compressor to including 3 horsepower or up to and including 100,000 Btu/h	\$13.25
Installation or relocation of each boiler or compressor to including 3 - 15 horsepower or over 100,000 - 500,000 Btu/h	\$24.25
Installation or relocation of each boiler or compressor to including 15 - 30 horsepower or over 500,000 - 1,000,000 Btu/h	\$33.25
Installation or relocation of each boiler or compressor to including 30 - 50 horsepower or over 1,000,000 - 1,750,000 Btu/h	\$49.50
Installation or relocation of each boiler or compressor to over 50 horsepower or over 1,750,000 Btu/h	\$82.75
Air Handlers	
Installation or relocation of each air-handling to and including 10,000 cubic feet	\$9.50
Note: This does not apply to an air handling unit which is a part of a factory assembled appliance	
Installation or relocation of each air-handling over 10,000 cubic feet	\$16.50
Evaporative Coolers	
Installation or relocation of each evaporative cooler other than portable type	\$9.50
Ventilation and Exhaust	
Installation or relocation of each ventilation van fan connected to a single duct or hood	\$6.50
Miscellaneous - Installation or relocation of each fuel gas piping systems	
One to Four outlets	\$5.00
Each additional outlet exceeding four	\$1.00

Plumbing Permit Fees	
For issuance of each permit	\$30.00
For New finish-out/alterations	\$0.09/gsf
For issuance of each supplemental permit	\$10.00
For each plumbing fixture on one trap or a set of fixtures on one trap (including water, drainage piping and backflow protection therefore)	\$7.00
For each building sewer and each trailer park sewer	\$15.00
Rainwater systems - per drain (inside building)	\$7.00
For each cesspool (where permitted)	\$25.00
For each private sewage disposal system \$	\$40.00
For each water heater and / or vent \$	\$7.00
For each gas-piping of one to five outlets	\$5.00
For each additional gas piping system outlet, per outlet	\$1.00
For each industrial waste pretreatment interceptor including its trap and vent, except kitchen type grease interceptors functioning as fixture traps	\$7.00
For each installation, alteration or repair of water piping and / or water treating equipment	\$7.00
For each repair or alteration of drainage or vent piping, each fixture	\$7.00
For each lawn sprinkler system on any one meter including backflow protection devices the	\$35.00
For atmospheric-type vacuum breakers	
1 to 5	\$5.00
over 5, each	\$1.00
For <u>each</u> backflow protective device other than atmospheric type vacuum breakers:	
2 inch (51mm) diameter and smaller	\$7.00
over 2 inch (51mm)	\$15.00
For each graywater system	\$40.00
For initial installation and testing for a reclaimed water system	\$30.00
For each annual cross-connection testing of a reclaimed water system (excluding initial test)	\$30.00
For each medical gas piping system serving one to five inlet(s) / outlet(s) for a specific gas	\$50.00
For each additional medical gas inlet(s) / outlet(s)	\$5.00