



# COMMERCIAL APPLICATION CHECKLIST

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### Incomplete applications/submittals will not be accepted.

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.

**Current Adopted Codes:** 2018 IBC, 2018 IPC, 2018 IECC, 2018 IFC, 2018 IMC, 2017 NEC, TAS REQUIREMENTS, ADA REQUIREMENTS

### At time of permit submission:

- Commercial Permit Application filled out with:
  - Project name,
  - Business type,
  - Project address with suite number,
  - Subdivision Lot and Block
- Note: If this is a new project an address will be assigned during the Plan Review process.
- Valuation and total square footage of Project (or Suite) provided on application.
- General Contractor and subcontractor(s) if known. Contractor must be validated before a pre-con or permit release.
- New construction must have planning assigned project number.
- Asbestos-Free Report - Signed & Sealed by Architect, Engineer or Licensed Inspector, where applicable.
- Architectural Barrier Registration from the Texas Department of Licensing & Regulation (TDLR#) for all projects valued at \$50,000 or greater provided. <https://www.tdlr.texas.gov/ab/ab.htm>
- All the building plans including: Architectural, Structural, Electrical, Mechanical, Plumbing, Energy, etc.
- The Approved site plan New construction and additions
- Photometrics New construction and additions
- Lighting and Mechanical COMchecks. (Separate from spec book) [www.energycodes.gov/comcheck](http://www.energycodes.gov/comcheck)
- The medical checklist as required
- The Special Inspections forms as required
- Additional documentation as required: Specifications, roof material specs, and Geo-tech report (new/addition)
- Completed Health & Food Safety [Commercial Food Establishment Plan Submittal Requirements](#) (included in this package).



# 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 \_\_\_\_\_

NOTES: The City of Frisco requires that the statement be signed & professionally authenticated by a professional Engineer or Architect in order to be considered acceptable.  
Rev: Nov 2013.

## **FORM 857**

- FORM 84 HFS Commercial Food Establishment Plan Submittal Requirements
- FORM 82 HFS Food Establishment Permit Application
- Grease Interceptors
- Form 85 HFS Minimum Standards for Food Establishments



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 <input type="checkbox"/>	No <input type="checkbox"/>
	Nitrous Oxide (N2O)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Oxygen (O2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	General Anesthesia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Conscious Sedation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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.

FORM TBAE

FORM TBPE

FORM 864