



# CITY OF WIMBERLEY

Development Services  
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## COMMERCIAL Building Application

### BUILDING PROJECT INFORMATION

Project Address/		Project Name:	
Legal Description:			
Construction Type:		Occupancy Group:	
Zoning:		Square Foot:	
<input type="checkbox"/> NEW- provide valuation	<input type="checkbox"/> REMODEL- provide valuation	<input type="checkbox"/> ADDITION- provide valuation	<input type="checkbox"/> FINISH OUT - provide valuation
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Other _____
Scope of Work:			

Historical District? \_\_\_\_\_ Fire Review \_\_\_\_\_ TDLR AB Number: \_\_\_\_\_ Valuation: \_\_\_\_\_

### APPLICANT INFORMATION

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### OWNER INFORMATION (Leave blank if same as above)

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### GENERAL CONTRACTOR INFORMATION (Leave blank if same as above)

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

Contact Person: \_\_\_\_\_

License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### SUBCONTRACTOR INFORMATION

	MECHANICAL	ELECTRICAL	PLUMBING
Company:			
Licensed Contractor:			
Phone Number:			
License Number:			

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 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: \_\_\_\_\_ DATE: \_\_\_\_\_

### For Office Use ONLY

Permit #:		Date Submitted:	
Date Received:		P & Z Review:	