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For submittal and fee information, see austintexas.gov/digitaldevelopment

Address _____ Suite #: _____ Floor #: _____ Building #: _____	
Description of Work: _____	
Project Name: _____	
Approved Site Plan Determination (SPD) #: _____ SPD Approval Date: _____ SPD Expiration Date: _____	
Current Use: _____ Proposed Use: _____	
Historic Landmark or Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No	Building Age >45 years <input type="checkbox"/> Yes <input type="checkbox"/> No
Density Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Green Building Standards Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Plain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>New or Upgraded Electrical Service</u> : <input type="checkbox"/> Yes * <input type="checkbox"/> No *ESPA required with matching address	Greater than 50% of exterior walls demolished ? <input type="checkbox"/> Yes** <input type="checkbox"/> No
<u>Distributed Energy Resource</u> (DER) <input type="checkbox"/> Yes* <input type="checkbox"/> No *DGPA required with matching address	**Compliance with Demolition Notification required (Ordinance 20201001-040).
Auxiliary Water Source: <input type="checkbox"/> Yes* <input type="checkbox"/> No *Submit approved auxiliary and potable plumbing plan	Is proposed work affecting a residential unit that is currently occupied? <input type="checkbox"/> Yes** <input type="checkbox"/> No If Yes, number: _____
<u>Onsite Sewage</u> (OSSF): <input type="checkbox"/> Yes** <input type="checkbox"/> No **Submit approved onsite sewage documents	**Tenant Notification may be required and a certified form may be required with your application(LDC 25-1-712)
Hazardous Waste Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Underground Storage Tanks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None / <input type="checkbox"/> Existing <input type="checkbox"/> New / <input type="checkbox"/> 13R <input type="checkbox"/> 13D	Fire Alarm System: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None / <input type="checkbox"/> Existing <input type="checkbox"/> New
Project Valuation: _____	Added NEW SqFt: _____
REMODEL/SCOPE SqFt: _____	Total SqFt of Building: _____
Total New/Addition & Remodeled Building Area > 5,000 SqFt: <input type="checkbox"/> Yes** <input type="checkbox"/> No **Construction material recycling is required (LDC 25-11-39)	
# of Floors in Scope of Work: _____	Total # of Building Floors: _____
Total # of Building Units: _____	
Primary Use Occupancy Type: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> I3 <input type="checkbox"/> I4	
<input type="checkbox"/> OR1 <input type="checkbox"/> OR2 <input type="checkbox"/> OR3 <input type="checkbox"/> OR4 <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> U <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5 <input type="checkbox"/> Shell	
REVIEWS REQUESTED: <input type="checkbox"/> Building <input type="checkbox"/> Design <input type="checkbox"/> Electric <input type="checkbox"/> Mech. <input type="checkbox"/> Plumb. <input type="checkbox"/> Med. Gas <input type="checkbox"/> Energy <input type="checkbox"/> Fire <input type="checkbox"/> Structural <input type="checkbox"/> Health <input type="checkbox"/> Ind. Waste	
General Contractor: _____ Email: _____ Phone: _____	
GC Account (AB+C ID Number) _____ GC Address: _____	
Property Owner: _____ Email: _____ Phone: _____	
Name of Applicant: _____ Email: _____ Phone: _____	
Applicant Account (AB+C ID Number): _____ Address: _____	
City: _____ State: _____ Zip: _____	
I understand that in accordance with the City of Austin Land Development Code, non-compliance with the Land Development Code may be cause for the Building Official to suspend or revoke a permit and/or license.	
Signature (Applicant or Authorized Agent): _____ Date _____	
Printed Name of Signee (Applicant or Authorized Agent): _____	
FOR OFFICE USE ONLY	
Total Project SqFt: _____	Type Construction: _____
Occupancy Group: _____	C.O. Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
REQUIRED INSPECTIONS: <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec <input type="checkbox"/> Mech. <input type="checkbox"/> Plmb <input type="checkbox"/> Sidewalk <input type="checkbox"/> Driveway <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> OSSF	
<input type="checkbox"/> Fire <input type="checkbox"/> Health <input type="checkbox"/> Energy <input type="checkbox"/> Aux Ele. <input type="checkbox"/> Landscape <input type="checkbox"/> Environ <input type="checkbox"/> Medical Gas	
# of Walk-In Freezers: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Stove Hoods: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Walk-In Coolers: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	

This Commercial Intake Checklist must be completed and submitted with the Commercial Building Application. Your Planner may ask for additional information. Applicants are required to submit application(s) and all checklist items related to what will be constructed per each application.

Required for All Projects

- Commercial Building Application & Checklist-- filled out completely for each building and/or suite number, if a new suite is being created.
- Copy of approved Site Plan, Site Plan Correction, or Site Plan Exemption
 - If you would like to request a [Concurrent Review](#), please fill out the corresponding form.
- Architectural Plans, including key floor plan
- [Statement of Special Inspections](#)
- [Required Asbestos Compliance Notice](#)
- Texas Accessibility Standards (TAS) registration confirmation (Exempt: Commercial projects less than \$50,000 & all multi-family projects)
- Floodplain Approval Letter. Required if project is in the floodplain and did not receive a new site plan determination for this proposed scope.

Applicant Elective Specific Items, if in Project Scope

- Mechanical/Electrical/Plumbing Plans:
 - *Per Building Criteria Manual, 1.8.0, all plans and specifications submitted shall be sealed by a professional engineer if the work performed occurs in any building or portion thereof in excess of 5,000 square feet.
- [Demolition Application Requirements](#), when the scope of the project is greater than 50% of the exterior walls
- [Quick Turnaround \(QT\) or Small Commercial Remodel \(7 Business Day\) Review Checklist](#).
- [Electrical Services Planning Application \(ESPA\)](#), for new electrical services where Austin Energy (AE) is the provider or changes are being made to an existing AE service.
- [Distributed Energy Resource \(DGPA\)](#)
- Austin Energy Green Building Program (AEGBP) letter of conditional approval.
- Smart Housing Letter (density bonus)
- Historic Landmark Commission letter of approval and approved plans
- [Request for Deferred Submittal](#). Requests require a future revision. All revision fees and review times will apply.
- Revisions, required forms and submittals.
 - Commercial Building Application
 - [Commercial Plan Review Revision Form](#)
 - Original approved stamped plan set (electronic if submitted after March 2020)
 - Revised clouded plans (The revised sheets are only required.)
- [Restaurant](#) or [Pool](#) (includes spas, water features and fountains, pool enclosures)
See Austin Public [Health Application](#) and Health plans.
For limited food service, include a completed [Grease Interceptor Installation Variance Request \(GIIVR\)](#) for Industrial Waste, for more information [Industrial Waste Plan Review](#)
- [Alternate Method of Compliance or Modification \(AMOC\)](#) Quantity: _____
- Subchapter E Documentation, including façade glazing calculations, building design calculation worksheet, and exterior lighting manufacturer specifications (Exempt: Projects not modifying exterior of building).
- Structural Plans, including a site-specific geotechnical report for new construction
- [Commercial Solar Ready](#) requirements in compliance with for New Construction
Exception claimed _____
- Storage Rack Documentation. Design drawings shall be sealed by a Texas Registered Engineer and shall include rack height, layout, anchorage, etc.
- Energy Documentation, Compliance with the 2021 IECC, as applicable.