

## Guidelines for Commercial Permits in Montgomery County

Name of Business: \_\_\_\_\_ Permit # \_\_\_\_\_

Address: \_\_\_\_\_

1. Type of Business (in detail): \_\_\_\_\_

A. Hours open per day: \_\_\_\_\_ B. Number of employees: \_\_\_\_\_

C. Seating capacity (if applicable, ex. restaurant, church)? \_\_\_\_\_

D. Open to public use?  Yes  No; If "yes," explain (ex. number of restrooms): \_\_\_\_\_

2. Square footage of structure: \_\_\_\_\_

Square footage of paved areas (concrete or asphalt parking, sidewalks, etc.): \_\_\_\_\_

3. Future expansion planned?  Yes  No; If "yes," explain (ex. # of employees/seating): \_\_\_\_\_

Square footage: \_\_\_\_\_

4. Will there be new or modified driveway access on TXDOT right of way?  Yes  No;

If "yes," submit driveway permit from TXDOT.

5. More than one building/structure on property?  Yes  No; If "yes," are they tied to separate or same septic system? \_\_\_\_\_

Square footage: \_\_\_\_\_

6. Will there be any future building/structures tying into septic system?  Yes  No;

If "yes," please explain: \_\_\_\_\_ Square footage: \_\_\_\_\_

7. Water well to be utilized?  Yes  No; If "yes," will it be used for public consumption? \_\_\_\_\_

8. Will there be any type of food preparation?  Yes  No;

If "yes," explain what type of foods will be served: \_\_\_\_\_

*For applicants serving food; blue prints must be submitted to Consumer Health for application, approval, and fee payment as part of the permitting process.*

I understand that this department is relying on information provided by me at the time of permitting to satisfy the Montgomery County Permit Requirements. I also understand that failure to provide correct information will result in this permit immediately becoming null and void. If there are any changes in these plans, I will contact this department immediately.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date