



COMMERCIAL BUILDER'S PACKET

Town of Fairview Building Inspections Department
372 Town Place
Fairview, Texas 75069
Phone: 972-886-4209
Fax: 972-548-0268
Inspection Line: 972-886-4250
permits@fairviewtexas.org

Revised March 2023



The Town of Fairview has adopted the following codes:

- a. 2017 National Electrical Code
- b. 2018 International Building Code
- c. 2018 International Plumbing Code
- d. 2018 International Mechanical Code
- e. 2018 International Energy Conservation Code
- f. 2018 International Residential Code
- g. 2018 International Fuel / Gas Code
- h. 2018 International Fire Code

Building in the Town of Fairview is regulated by Chapter 154 of the Code of Ordinances, “Zoning”, as well as other applicable local ordinances.



TOWN OF FAIRVIEW
COMMERCIAL & RESIDENTIAL CONSTRUCTION ONLY

Project Address _____ Subdivision/Lot/Block _____

Scope of Work _____

Property Owner (Name, Address, Phone, & Email) _____

General Contractor: _____ Phone: _____ Email _____

Electrical Contractor: _____ Phone: _____ Email _____

Plumbing Contractor: _____ Phone: _____ Email _____

Mechanical Contractor: _____ Phone: _____ Email _____

Fire Suppression Contractor: _____ Phone: _____ Email _____

Fire Alarm Contractor: _____ Phone: _____ Email _____

Trash Hauler Contractor: _____ Anything over \$10,000 requires a listed trash hauler on your permit
WHEREAS the Town, therefore, desires to grant to Republic Services the right to operate as the sole provider for Town-provided services of collection, transportation, and disposal of residential, commercial, and industrial (both permanent and temporary) Garbage and Trash, Construction and Demolition Debris, and Recycling, subject to the terms of this Contract
Additional questions, service requests and concerns, should be directed to the Republic Services at 972-422-2341 or via their website at RepublicServices.com/Customer-Support

RESIDENTIAL WORK BEING DONE: TYPE:
New Residential Construction Addition/Alteration/Remodel SFR(Detached) Townhome/Duplex (Attached)
Detached Accessory Structure Residential Demo (Demo intended for New Residential Home?) If so, please notify
Utilitybilling@fairviewtexas.org to have water meter and trash bins removed from account.

Valuation of work \$: _____ (not required for NEW RESIDENTIAL CONSTRUCTION ONLY, however suggested for record keeping purposes)

Square Footage _____ in/ft (Total under roof)

Sewer _____ Septic _____

Subject property is _____ or is not _____ within the flood hazard area. Required lowest floor elevation is _____.

COMMERCIAL WORK BEING DONE:
New Construction (Shell) New Construction/Finish Out Addition/Remodel Commercial Demo

Business/Tenant Name: _____ Valuation of work \$: _____ Square Footage _____ in/ft

Electric Provider: _____ Gas Provider: _____ Note: Please allow 7-10 business days for processing

FEES:

Table with 4 columns: Fee Name, Amount (\$), Fee Name, Amount (\$). Rows include PLAN REVIEW FEES, PERMIT FEES, FIRE FEES, C/O, PLUMBING TRADE FEE, MECHANICAL TRADE FEE, ELECTRICAL TRADE FEE, PRO RATA FEE (IF APPLICABLE), WATER IMPACT FEE, ROAD IMPACT FEE, SEWER IMPACT FEE, GRAND TOTAL.

NOTICE TO APPLICANT: This permit is issued based on information furnished in this application and on any submitted plans and is subject to the provisions and requirements of the Town of Fairview Code of Ordinances and any other applicable ordinance. This permit is used only for the purpose of allowing construction of a building or structure conforming to the codes and ordinances of the Town, regardless of information and/or plans submitted. SCOPE OF PERMIT: For new buildings and for additions to existing buildings, this permit authorizes all structural, plumbing, electrical, mechanical, work to be performed in the construction of the building or structure at this address, if done at the same time of initial construction. No separate subcontractor permits are needed for those trades. However, the permit holder is required to use only subcontractors registered with the Town of Fairview, where such a requirement is applicable. If this permit is obtained for work other than new buildings and additions, separate permits must be obtained by all subcontractors.

APPLICANT SIGNATURE _____ DATE _____
TOWN APPROVED _____ PLAN REVIEW DATE _____
PICKUP SIGNATURE _____ DATE _____

SOLID WASTE SERVICES CONTRACT

This Solid Waste, Construction and Demolition Debris, and Recyclable Materials Collection, Transportation, Disposal, and Processing Contract ("Contract"), is entered as of the Effective Date by and between the Town of Fairview, Texas, a Texas home rule municipality (hereinafter called "Town"), and Allied Waste Systems Inc. D/B/A Republic Services of Plano, hereinafter called "Contractor", acting by and through their duly qualified representatives (Town and Contractor collectively referred to herein as "Parties" and individually as "Party".)

WHEREAS the Town, therefore, desires to grant to Contractor the right to operate as the sole provider for Town-provided services of collection, transportation, and disposal of residential, commercial, and industrial (both permanent and temporary) Garbage and Trash, Construction and Demolition Debris, and Recycling, subject to the terms of this Contract; and

WHEREAS Contractor desires to operate and maintain the services of collection, transportation, and disposal of residential, commercial, and industrial (both permanent and temporary) Garbage and Trash, Construction and Demolition Debris, and Recycling, subject to the terms of this Contract.

(D) No commercial container, Dumpster, or Roll-Off Container should be overloaded to the point where the lid or covers, will not close, or the tarp will not properly cover the load. The Contractor may decline to empty an overloaded container until the Customer unloads the Dumpster or Roll-Off Container to the point where the lid(s) will close, or where the load may be safely tarped before transport.

SECTION 8 - ROLL-OFF CONTAINER COLLECTION FOR CONSTRUCTION AND DEMOLITION DEBRIS, REMODELING & CONSTRUCTION

To the extent allowed by law, this Contract will provide exclusive rights to Contractor for the collection of Construction and Demolition Debris, and Waste Materials, such as carpeting, roofing, drywall, etc., resulting from remodeling and construction activities, which are generated in quantities requiring a Roll-Off Container for on-site storage, collection, and transport.

Questions, Complaints and Concerns

Additional questions, service requests and concerns, should be directed to the Republic Services at 972-422-2341 or via their website at RepublicServices.com/Customer-Support.



TOWN OF FAIRVIEW COMMERCIAL PERMIT REQUIREMENTS

PLANS SUBMITTAL:

1. Two (2) copies of the following are required. PDF form by email will be accepted instead of the paper copies. They must be submitted along with a completed application form and the required Plan Review Fee.
2. Site plan, including complete address and dimensions and location of the structure relative to all property lines, building lines, and easements.
3. Construction plans to include engineered foundation with P.E. certification letter, framing, plumbing & electric plans with square footage breakdown, builders name & plan number, site address, and energy code certification number.
4. Fire suppression plans for any commercial structure of 1,000 square feet or greater.
5. Registration of general contractor, as well as, subcontractor's registration
6. Any work that has a value of \$10,000 worth of work or more requires a listed trash hauler. The Town of Fairview has a contract with Republic services. Please contact Republic services at 972-422-2341
7. Flash drive, if submitting paper copies.
8. The Certificate of Occupancy application along with a copy of the Sales Tax Certificate will need to be turned in, before we will release the final C/O on all Finish Out projects and some New Construction projects that include tenants.
9. FEES:
 1. Plan review fee: 10% of the cost of the building permit fee
 2. Health Plan Review Fee (if applicable): \$300.00
 3. Health Inspection Fee (if applicable): \$200.00
 4. Fire Fees (if applicable)

Minimum fee	\$150.00
1-100,000 SF	\$0.035/SF
100,001-300,000 SF	\$3,500 plus 0.017/SF over 100,000 SF
>300,000 SF	\$6,900.00 + \$0.01/SF over 300,000 SF

5. Permit fee:
New Construction/Remodels/Finish Out:

Minimum fee	\$1,200.00
1-10,000 SF	\$0.78/SF
10,001-50,000 SF	\$7,800 + \$0.65/SF over 10,000 SF
>50,000 SF	\$33,800.00 + \$0.55/SF over 50,000 SF

6. Trade Fees:

Electrical Trade	\$25.00
Mechanical Trade	\$25.00
Plumbing Trade	\$25.00
7. Certificate of Occupancy \$100.00

***Red Tag Fees (if applicable) \$50.00 for the first inspection & increasing in \$25.00 increments for each reinspection of the same items thereafter (i.e. \$50.00, \$75.00, \$100.00)**

MARCH 2023



The General Contractor is responsible for requesting inspections for each trade (except Fire). The Town will schedule all requested inspections as soon as practical. A request properly received by 4 PM will usually be on the next day's inspection list, unless work load or the inspectors' absence prohibits. In the case of extended absences, an alternate inspector will be employed.

ALL INSPECTION REQUESTS MUST BE CALLED IN TO THE PERMIT INSPECTION LINE AT (972-886-4250). PLEASE LEAVE A MESSAGE.

**FIRE INSPECTIONS CAN BE CALLED REQUESTED BY EMAIL TO
TGREEN@FAIRVIEWTEXAS.ORG**

GENERAL:

1. Fairview's currently adopted applicable codes are the 2018 International Residential & Fire Codes (with amendments), the 2017 National Electrical Code.
2. Portable toilet, 911 address, trash bins, debris, fence, & form board survey **MUST** be in place at time of first inspection. Concrete drive or rock entry of 3" rock (minimum) 6" thick x 20' wide x 12' deep must also be in place to prevent mud & debris on public streets.
3. SWPPP documents on-site and erosion control measures in place once dirt work is commenced.
4. Builders' identification sign with current contact information must be prominently displayed on site at all times.
5. Working hours are 7 AM to 7 PM (restricted by ordinance), Monday through Saturday. **NO WORK OF ANY KIND TO TAKE PLACE OUTSIDE OF PERMITTED HOURS OR ON SUNDAYS OR HOLIDAYS (please refer to the holiday schedule online)**

Violations may result in suspension of permit (stop work order), and prosecution in municipal court citation. A holiday schedule is available upon request.

We recommend that builders post signs stating permitting hours in English & Spanish; otherwise the builder will be cited for any violations. If signs are properly posted, the individual violators will be cited instead.

6. Permit packet with all previous inspection records, and a complete set of plans must be on site for all inspections, at a location determined by building inspector.



Contractor Registration Application

Contractor Type:

General Contractor

Swimming Pool

Fence

Irrigation

Sign

Cost for these contractors:

\$50.00 New

\$25.00 Renewal

Expiration: 1yr from date of registration

Contractor Type:

Plumbing

Fire Alarm

Fire Sprinkler (Suppression)

Mechanical

Backflow/Septic

Electrical

There is no charge for these Contractor Types

Expiration: Based on License/Certificate expiration date

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____ @ _____

Master/CEO Responsible for Supervision: _____

License/Certificate # _____ **Driver's License #** _____ **Expiration Date:** _____

I understand and agree that the above named shall be responsible for continuous supervision of all installation of all installations and repairs performed in the Town of Fairview under the above-named contractor and should such Master Licensee no longer be employed, no further work shall be performed until registration has been provided to the Building Inspections Department naming a new Master License holder.

I will request all necessary inspections by the Town of Fairview to assure compliance with all city regulations applicable for the proposed work.

Contractor's Signature: _____ **Date:** _____

*******Please include a copy of your master's license or certificate for processing*******

Email information to permits@fairviewtexas.org



RELEASE FROM ELECTRIC AND GAS SERVICE

PERMIT NO: _____

ADDRESS: _____

BUILDER: _____

ELECTRIC PROVIDER: _____

GAS PROVIDER: _____

I hereby agree to release the Town of Fairview from any liability that may result from the granting of electrical and gas service to the above-referenced building project. I further agree that, if in the opinion of the electrical or gas inspector, unsafe electrical or gas conditions are found, that electrical or gas service will be terminated upon the request of the Town of Fairview to the provider of such service.

I further agree that I am responsible for the occupancy of the premises, and that if the building is occupied in any manner, including the storage of goods, the assignment of personnel to the premises, or the operation of a business or residence at the address listed above before Certificate of Occupancy is issued, the service, upon the request of the Town, will be discontinued without notice, and citations will be issued for each day the building is occupied without a Certificate of Occupancy.

State of Texas

County of Collin

I, _____, being duly sworn, do depose and say that the information contained in the above application is true and correct to the best of my knowledge and belief.

Signature of Owner or Owner's Agent

Date

Violations of move-ins without a C.O. will result in loss of any early meter sets. If you have any questions, please contact the inspector.



Commercial Water Application

Deposit \$500

372 Town Place, Fairview, TX 75069

Phone: (972) 886-4242

Fax: (972) 548-0268

E-mail: utilitybilling@fairviewtexas.org

Business Name: _____

Primary Phone: _____

Office main line

Accounting Office

Accounts Payable

Primary Email: _____

Requested By: _____

Supervisor Name: _____

Email: _____

Office phone

Business Cell phone

TYPE OF REQUEST: New Service Discontinue Service

(Complete Section A below & include Tax ID or Complete Section B Below Copy of Drivers License)

**The Town of Fairview will collect a \$500.00 deposit which will be refunded upon disconnection of service.*

*** The Town of Fairview will collect a \$35.00 non-refundable fee on each account that is terminated for past due unpaid balances.*

****A 2 business day (excluding holidays) notice is required for all new service accounts.*

Wastewater Treatment plan
(Choose one per unit)

Septic: Sewer:

Domestic: Irrigation Only:

Type of Meter (please select one): PD-Positive

Displacement Meter

(Typical Residential Meter)

CMPD-Compound Meter

TURB-Turbine Meter

SIZE OF METER: _____

Section A New Service

Service Address: _____

Billing Address: _____

Tax ID/DL: _____ On-site Service Contact phone/email: _____

Service Connect Date: _____

Section B Disconnect Service

Service Address: _____

Forwarding Address: _____

Date to Disconnect: _____

- Each Commercial account is billed for water, sewer charges and stormwater. Irrigation only meters are billed at irrigation water rates.
- For rate information, visit the Utility Billing website at www.fairviewtexas.org water and sewer page. Rates are subject to change.
- Commercial solid waste services are provided by Republic Services. The Town of Fairview has contracted with Republic Services to provide commercial garbage services and billing for the Town's commercial business; therefore, please contact Republic Services at 972-422-2341.
- *Irrigation meters are subject to impact fees and permit requirements. Email: permits@fairviewtexas.org for fees.

FOR OFFICE USE ONLY:

Account # : _____

Receipt # : _____

Date received _____

Commercial Deposit \$500 Meter: _____

SERVICE AGREEMENT

- I. **PURPOSE.** The Town of Fairview is responsible for protecting the drinking water supply from contamination or pollution, which could result from improper private water distribution system construction or configuration. The purpose of this service agreement is to notify each customer of the plumbing restrictions, which are in place to provide this protection. The utility enforces these restrictions to ensure the public health and welfare. Each customer must sign this agreement before the Town of Fairview will begin service. In addition, when service to an existing connection has been suspended or terminated, the water system will not re-establish service unless it has a signed copy of this agreement.
- II. **RESTRICTIONS.** The following unacceptable practices are prohibited by State regulations.
- A. No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an air-gap or an appropriate backflow prevention device. No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an air-gap or a reduced pressure-zone backflow prevention device.
 - B. No connection which allows water to be returned to the public drinking water supply is permitted.
 - C. No pipe or pipe fitting which contains more than 8.0% lead may be used for the installation or repair of plumbing at any connection which provides water for human use.
 - D. No solder or flux which contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.
- III. **SERVICE AGREEMENT.** The following are the terms of the service agreement between the Town of Fairview (Water System) and Customer.
- A. The Water System will maintain a copy of this agreement as long as the Customer and/or the premise are connected to the Water System.
 - B. The Customer shall allow his property to be inspected for possible cross-connections and other potential contamination hazards. These inspections shall be conducted by the Water System or its designated agent prior to initiating new water service; when there is reason to believe that cross-connections or other potential contamination hazards exist; or after any major changes to the water distribution. The inspections shall be conducted during the Water System's normal business hours.
 - C. The Water System shall notify the Customer in writing of any cross-connection or other potential contamination hazard which has been identified during the initial inspection or the periodic re-inspection.
 - D. The Customer shall immediately remove or adequately isolate any potential cross-connections or other potential contamination hazards on his premises.
 - E. The Customer shall, at his expense, properly install, test, and maintain any backflow prevention device required by the Water System. Copies of all testing and maintenance records shall be provided to the Water System.
- IV. **ENFORCEMENT.** If the Customer fails to comply with the terms of the Service Agreement, the Water System shall, at its option, terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this agreement shall be billed to the customer.

Customer Signature: _____ Date: _____

CONTRACTOR RESOURCE FOR NEW METER SETS

METER SET STANDARDS

The meter location is reading for meter installation when the below meter set standards are met:

- Builder will prepare meter set hole dimension at a minimum, 2ft wide, 1 ft deep, at curb height
- Builder must ensure that the location is marked, or that a trash receptacle with visible address must be present for meter installation.
- Brick or Stone must be provided to support the meter box
- Meter box with plastic lid must be provided onsite for meter installation. Metal lids are no longer permitted due to new meter technology interference.
- Meter location should be clean with no standing water or mud with curb stop exposed for meter installation.
- Original soil only should be used in the meter box at the curb. Sand is not an acceptable filler.

METER BOX INSPECTIONS

- Public Works will inspect the meter box and lid, curb stop, meter base and register and the meter tail installed prior to performing the regular requested installation
- Builder shall ensure that the meter box lid is in an open position for inspection of the water meter by the building inspector at the plumbing rough inspection
- Builder will ensure all meter set standards are fulfilled
- Meter box shall be set at curb height
- A solid brick or stone layer shall be provided to support the meter box
- Meter box must be level, including meter support
- Back fill the meter box as needed to secure placement
- 1-inch layer of gravel is required in the bottom of the box under the meter to reduce mud accumulation and interference of the meter technology
- Water meter area must remain clean and uncovered throughout the construction process

METER SET ASSOCIATED FEES

- Damage to City Property -All damage to the meter, meter register, box and/or lid are the responsibility of the builder and billable to the builder.**
- A return trip fee may be assessed for each incidence that Town of Fairview Utility Billing department received an installation request but the meter location did not meet specifications.**



Table 2: Service Unit Equivalency Table for Commonly Used Meters

Water

Meter Size*	Maximum Continuous Operating Capacity (GPM)**	Service Unit Equivalent	Maximum Assessable Fee (\$)
5/8"x 3/4" PD	10	1	1,175
3/4" PD	15	1.5	1,763
1" PD	25	2.5	2,938
1 1/2" PD	50	5	5,875
2" PD	80	8	9,400
2" Compound	80	8	9,400
2" Turbine	160	16	18,800
3" Compound	175	17.5	20,563
3" Turbine	350	35	41,125
4" Compound	300	30	35,250
4" Turbine	650	65	76,375
6" Compound	675	67.5	79,313
6" Turbine	1,400	140	164,500
8" Compound	900	90	105,750
8" Turbine	2,400	240	282,000
10" Turbine	3,500	350	411,250

* PD = Positive Displacement Meter (Typical Residential Meter)

** Operating capacities obtained from American Water Works (AWWA) C-700, C-701 & C-702

Table 2 (Cont'd)

Sewer

Meter Size*	Maximum Continuous Operating Capacity (GPM)**	Service Unit Equivalent	Maximum Assessable Fee (\$)
5/8"x 3/4" PD	10	1	810
3/4" PD	15	1.5	1,215
1" PD	25	2.5	2,025
1 1/2" PD	50	5	4,050
2" PD	80	8	6,480
2" Compound	80	8	6,480
2" Turbine	160	16	12,960
3" Compound	175	17.5	14,175
3" Turbine	350	35	28,350
4" Compound	300	30	24,300
4" Turbine	650	65	52,650
6" Compound	675	67.5	54,675
6" Turbine	1,400	140	113,400
8" Compound	900	90	72,900
8" Turbine	2,400	240	194,400
10" Turbine	3,500	350	283,500

* PD = Positive Displacement Meter (Typical Residential Meter)

** Operating capacities obtained from American Water Works (AWWA) C-700, C-701 & C-702

APPENDIX A

Table 1 Land Use/ Vehicle-Mile Equivalency Table

ALL LAND USES INCLUDING RESIDENTIAL AND COMMERCIAL AND ALL OTHERS SHALL USE \$549 PER VEHICLE-MILE

Land Use Category	ITE Land Use Code	Development Unit	Trip Gen Rate (PM)	Pass-by Rate	Pass-by Source	Trip Rate	NHTS Trip Length (mi)	Adj. For O-D	Adj. Trip Length (mi)	Max Trip Length (mi)	Veh-MI Per Dev-Unit
PORT AND TERMINAL											
Truck Terminal	030	1,000 SF GFA	1.87			1.87	14.65	50%	7.33	5.00	9.35
INDUSTRIAL											
General Light Industrial	110	1,000 SF GFA	0.65			0.65	14.65	50%	7.33	5.00	3.25
Industrial Park	130	1,000 SF GFA	0.34			0.34	14.65	50%	7.33	5.00	1.70
Warehousing	150	1,000 SF GFA	0.18			0.18	14.65	50%	7.33	5.00	0.90
Mini-Warehouse	151	1,000 SF GFA	0.15			0.15	14.65	50%	7.33	5.00	0.75
RESIDENTIAL											
Single-Family Detached Housing	210	Dwelling Unit	0.94			0.94	9.79	50%	4.90	4.90	4.60
Multi-Family Housing (Low-Rise)	220	Dwelling Unit	0.51			0.51	9.79	50%	4.90	4.90	2.49
Multi-Family Housing (Mid-Rise)	221	Dwelling Unit	0.39			0.39	9.79	50%	4.90	4.90	1.91
Multi-Family Housing (High-Rise)	222	Dwelling Unit	0.32			0.32	9.79	50%	4.90	4.90	1.56
Residential Condominium/Townhome	220	Dwelling Unit	0.51			0.51	9.79	50%	4.90	4.90	2.49
Senior Adult Housing - Single-Family	251	Dwelling Unit	0.30			0.30	9.79	50%	4.90	4.90	1.47
Senior Adult Housing - Multi-Family	252	Dwelling Unit	0.25			0.25	9.79	50%	4.90	4.90	1.22
Assisted Living	254	Beds	0.24			0.24	9.79	50%	4.90	4.90	1.17
LODGING											
Hotel	310	Room	0.59			0.59	6.43	50%	3.22	3.22	1.89
Motel / Other Lodging Facilities	320	Room	0.36			0.36	6.43	50%	3.22	3.22	1.15
RECREATIONAL											
Golf Driving Range	432	Tea	1.25			1.25	7.86	50%	3.93	3.93	4.91
Golf Course	430	Acre	0.28			0.28	7.86	50%	3.93	3.93	1.10
Recreational Community Center	495	1,000 SF GFA	2.50			2.50	7.86	50%	3.93	3.93	9.82
Ice Skating Rink	465	1,000 SF GFA	1.33			1.33	7.86	50%	3.93	3.93	5.22
Miniature Golf Course	431	Hole	0.33			0.33	7.86	50%	3.93	3.93	1.29
Multiplex Movie Theater	445	Screens	13.96			13.96	7.86	50%	3.93	3.93	54.86
Racquet / Tennis Club	491	Court	3.82			3.82	7.86	50%	3.93	3.93	15.01
INSTITUTIONAL											
Church	560	1,000 SF GFA	0.49			0.49	8.31	50%	4.16	4.16	2.03
Day Care Center	565	1,000 SF GFA	11.12	44%	C	6.23	3.49	50%	1.75	1.75	10.90
Primary/Middle School (1-8)	522	Students	0.15			0.15	3.49	50%	1.75	1.75	0.26
High School (9-12)	525	Students	0.14			0.14	3.49	50%	1.75	1.75	0.24
Junior / Community College	540	Students	0.11			0.11	10.44	50%	5.22	5.00	0.55
University / College	550	Students	0.15			0.15	10.44	50%	5.22	5.00	0.75
MEDICAL											
Clinic	630	1,000 SF GFA	3.69			3.69	9.85	50%	4.93	4.93	18.19
Hospital	610	1,000 SF GFA	0.86			0.86	9.85	50%	4.93	4.93	4.23
Nursing Home	620	Beds	0.14			0.14	9.85	50%	4.93	4.93	0.69
Animal Hospital/Veterinary Clinic	640	1,000 SF GFA	3.53	30%	B	2.47	9.85	50%	4.93	4.93	12.17
OFFICE											
Corporate Headquarters Building	714	1,000 SF GFA	1.30			1.30	14.65	50%	7.33	5.00	6.50
General Office Building	710	1,000 SF GFA	1.44			1.44	14.65	50%	7.33	5.00	7.20
Medical-Dental Office Building	720	1,000 SF GFA	3.93			3.93	9.85	50%	4.93	4.93	19.37
Single Tenant Office Building	715	1,000 SF GFA	1.76			1.76	14.65	50%	7.33	5.00	8.80
Office Park	750	1,000 SF GFA	1.30			1.30	14.65	50%	7.33	5.00	6.50

Key to Sources of Pass-by Rates:

A: ITE Trip Generation Handbook 3rd Edition (September 2017)

B: Estimate d by Kinley-Horn based on ITE rates for similar categories

C: 2021 Pass-By Tables for ITE Trip Gen Appendices

Table 1 (cont'd)

Land Use Category	ITE Land Use Code	Development Unit	Trip Gen Rate (PM)	Pass-by Rate	Pass-by Source	Trip Rate	NHTS Trip Length (mi)	Adj. For O-D	Adj. Trip Length (mi)	Max Trip Length (mi)	Veh-MU Per Dev-Unit
COMMERCIAL											
Automobile Related											
Automobile Care Center	942	1,000 SF Occ. GLA	3.11	40%	B	1.87	4.45	50%	2.23	2.23	4.17
Automobile Parts Sales	843	1,000 SF GFA	4.90	43%	A	2.79	4.45	50%	2.23	2.23	6.22
Gasoline/Service Station	944	Vehicle Fueling Position	13.91	42%	A	8.07	1.20	50%	0.60	0.60	4.84
Gasoline/Service Station w/ Conv Market	945	Vehicle Fueling Position	18.42	56%	B	8.10	1.20	50%	0.60	0.60	4.86
New and Used Car Sales	841	1,000 SF GFA	3.75	20%	B	3.00	4.45	50%	2.23	2.23	6.69
Quick Lubrication Vehicle Shop	941	Servicing Positions	4.85	40%	B	2.91	4.45	50%	2.23	2.23	6.48
Self-Service Car Wash	947	Wash Stalls	5.54	40%	B	3.32	1.20	50%	0.60	0.60	1.99
Car Wash and Detail Center	949	Wash Stalls	13.60	40%	B	8.16	1.20	50%	0.60	0.60	4.89
Tire Store	848	1,000 SF GFA	3.75	25%	C	2.81	4.45	50%	2.23	2.23	6.26
Dining											
Fast Food Restaurant with Drive-Thru Window	934	1,000 SF GFA	33.03	50%	A	16.52	5.64	50%	2.82	2.82	46.58
Fast Food Restaurant without Drive-Thru Window	933	1,000 SF GFA	33.21	50%	B	16.61	5.64	50%	2.82	2.82	46.84
High Turnover (Sit-Down) Restaurant	932	1,000 SF GFA	9.05	43%	A	5.16	6.07	50%	3.04	3.04	15.68
Fine Dining Restaurant	931	1,000 SF GFA	7.80	44%	A	4.37	6.07	50%	3.04	3.04	13.28
Fast Casual Restaurant	930	1,000 SF GFA	12.55	43%	A	7.15	6.07	50%	3.04	3.04	21.73
Coffee/Donut Shop with Drive-Thru Window	937	1,000 SF GFA	38.99	70%	A	11.70	4.33	50%	2.27	2.27	26.55
Other Retail											
Free-Standing Retail Store	815	1,000 SF GFA	4.86	20%	C	3.89	5.60	50%	2.80	2.80	10.89
Nursery (Garden Center)	817	1,000 SF GFA	6.94	30%	B	4.86	5.60	50%	2.80	2.80	13.60
Home Improvement Superstore	862	1,000 SF GFA	2.29	48%	A	1.19	5.60	50%	2.80	2.80	3.33
Pharmacy/Drugstore	881	1,000 SF GFA	10.25	49%	A	5.23	5.60	50%	2.80	2.80	14.64
Shopping Center	820	1,000 SF GLA	3.40	34%	A	2.24	5.60	50%	2.80	2.80	6.27
Supermarket	850	1,000 SF GFA	8.95	24%	C	6.80	5.60	50%	2.80	2.80	19.04
Toy/Children's Superstore	864	1,000 SF GFA	5.00	30%	B	3.50	5.60	50%	2.80	2.80	9.80
Department Store	875	1,000 SF GFA	1.95	30%	B	1.37	5.60	50%	2.80	2.80	3.63
SERVICES											
Walk-in Bank	911	1,000 SF GFA	12.13	40%	B	7.28	4.45	50%	2.23	2.23	16.23
Drive-in Bank	912	Drive-in Lanes	27.07	47%	A	14.35	4.45	50%	2.23	2.23	32.00
Hair Salon	918	1,000 SF GLA	1.45	30%	B	1.02	4.45	50%	2.23	2.23	2.27

Key to Sources of Pass-by Rates:

A: ITE Trip Generation Handbook 3rd Edition (September 2017)

B: Estimated by Knaflitz-Horn based on ITE rates for similar categories

C: 2021 Pass-By Tables for ITE TripGen Appendix



ADDENDUM TO FOOD ESTABLISHMENT PERMIT APPLICATION

This form MUST be completed for any NEW FOOD ESTABLISHMENT, OR ANY FOOD ESTABLISHMENT UNDERGOING CHANGE IN OWNERSHIP, CONCEPT OR NAME.

*APPLICANTS RENEWING WITH NO CHANGES DO NOT HAVE TO COMPLETE THIS PAGE *

Application Date:

Proposed Opening / Reopening Date:

This Food Establishment is undergoing the following: *(Check all that apply.)*

____ New Food Establishment Change of Ownership ____ Change of Name

____ Change of Concept

NAME OF ESTABLISHMENT: _____ STREET ADDRESS: _____

- Has/Will the menu of offered foods change? _____ If so, please attach updated menu.
- Hours/Days of Operation: _____
- Smoking is prohibited within a food establishment (Fairview Code of Ordinances 6.03.003 (a)(4)). Will there be a proposed smoking area provided outdoors? _____ *(Food establishments must comply with the Town of Fairview Smoking Ordinance. For details, please contact the Building Inspections Division at (972) 562-0255 ex 239).*
- Grease Interceptor Size: _____ / _____ GAL/LB Location: _____
Contracted Servicing Company: _____
The Health Ordinance requires all grease interceptors be serviced at least four (4) times each year.
- Are you considering allowing a 3rd party sublet/caterer to use this establishment's kitchen facilities? _____ *(Reminder: 3rd party sublets/caterers are required to operate under a separate Food Establishment Permit.)*
- Reminder: One (1) Certified Food Manager is required to be present in the establishment at all times of operation.



FOOD ESTABLISHMENT PERMIT RENEWAL

Town of Fairview
HEALTH & FOOD SAFETY
 372 Town Place
 Fairview, TX 75069
 Main: 972.562.0522 Fax: 972.548.0268
 Updated 2/10/2011

Permit #: _____

Application Date: _____

This application MUST be completed before any Health Permit is issued. NEW FOOD ESTABLISHMENTS, and ESTABLISHMENTS UNDERGOING CHANGE IN OWNERSHIP, CONCEPT, or NAME must also submit a completed ADDENDUM TO FOOD ESTABLISHMENT PERMIT APPLICATION.

****PLEASE INDICATE WHICH ADDRESS IS THE PREFERRED MAILING ADDRESS****

TYPE OF BUSINESS: RESTAURANT (\$400.00) GROCERY STORE (\$400.00) CONCESSION (\$100.00) TEMPORARY (\$100.00)
 CONVENIENCE STORE (\$400.00) CATERING (\$400.00) SCHOOL(\$0.00) MOBILE VENDOR(\$500.00)
 OTHER _____

BUSINESS NAME: _____
 (NAME OF ESTABLISHMENT LOCATED IN FAIRVIEW)

CONTACT PERSON: _____

STREET ADDRESS: _____ **CITY:** FAIRVIEW **STATE:** TX **ZIP:** 75069
 (Physical Street Address location in FAIRVIEW)

TELEPHONE: (_____) _____ - _____

OWNER (INDIVIDUAL OR CORPORATION): _____

STREET ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: (_____) _____ - _____

PLEASE LIST NAMES OF CORPORATE OFFICERS, INCLUDING THEIR COMPLETE ADDRESSES BELOW:

(1) CORPORATE OFFICER: _____
 STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

(2) CORPORATE OFFICER: _____
 STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

All information in this application, and any required addendums or attached sheets, is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable city ordinances or state laws.

 Applicant Name (printed) Signature Date

Office Use Only:
 Date: _____ Expiration Date: _____
 Receipt Number _____ Cash _____ Check #: _____

PERMIT NO. _____

TOWN OF FAIRVIEW, TEXAS
APPLICATION FOR ALCOHOLIC BEVERAGE PERMIT

Date: _____

Applicant or Applicant's Representative: _____

Business: _____

Address: _____

Contact Phone No.: _____

Business Known As: _____

Application is filed for:

Beer & Wine — retail businesses engaged in the sale of beer and wine for off-premise consumption only

Restaurants — issued a Food and Beverage Certificate from the Texas ABC selling mixed beverages for on premise consumption only

SUP Specific Use Permit for Restaurants or other establishments operating under the Texas Alcoholic Beverage Code rules for private clubs

Original/New

Annual Renewal

Comments or Special Conditions:

File with the Office of the Town Secretary, Town Hall, 372 Town Place, Fairview, Texas, 75069 or mail to the same address
For additional information contact the Office of the Town Secretary
(972) 562-0522 x.4234.

All fees must be paid at the time of application and are non-refundable
Failure to complete all information may cause delay in process of permit

ADMINISTRATIVE & PERMIT FEES PAID: _____

DATE: _____



TEXAS ALCOHOLIC BEVERAGE COMMISSION
Texans Helping Businesses & Protecting Communities

ON-PREMISE PREQUALIFICATION PACKET

L-ON (9/2019)

Submit this packet to the proper governmental entities to obtain certification for the type of license/permit for which you are applying as required by Sections 11.37, 11.39, 11.46(b), 61.37, 61.38, 61.42 and Rule §33.13
Contact your local TABC office to verify requirements of Sections 11.391 and 61.381 as you may be required to post a sign at your proposed location 60-days prior to the issuance of your license/permit.
All statutory and rule references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code or Rules located on our website. www.tabc.texas.gov/laws/code_and_rules.asp

LOCATION INFORMATION

1. Application for: Original Add Late Hours Only License/Permit Number _____

Reinstatement Reinstatement and Change of Trade Name License/Permit Number _____

Change of Location Change of Location and Trade Name License/Permit Number _____

2. Type of On-Premise License/Permit

<input type="checkbox"/> BG Wine and Beer Retailer's Permit	<input type="checkbox"/> LB Mixed Beverage Late Hours Permit
<input type="checkbox"/> BE Beer Retail Dealer's On-Premise License	<input type="checkbox"/> MI Minibar Permit
<input type="checkbox"/> BL Retail Dealer's On-Premise Late Hours License	<input type="checkbox"/> CB Caterer's Permit
<input type="checkbox"/> BP Brewpub License	<input type="checkbox"/> FB Food and Beverage Certificate
<input type="checkbox"/> V Wine & Beer Retailer's Permit for Excursion Boats	<input type="checkbox"/> PE Beverage Cartage Permit
<input type="checkbox"/> MB Mixed Beverage Permit	<input type="checkbox"/> RM Mixed Beverage Restaurant Permit with FB
<input type="checkbox"/> O Private Carrier's Permit - Brewpubs (BP) with a BG only	<input type="checkbox"/> E Local Cartage Permit - Wine/Beer retailers (BG) Only

3. Indicate Primary Business at this Location

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Sporting Arena, Civic Center, Hotel	<input type="checkbox"/> Bar
<input type="checkbox"/> Grocery/Market	<input type="checkbox"/> Sexually Oriented	<input type="checkbox"/> Miscellaneous _____

4. Trade Name of Location (Name of restaurant, bar, store, etc.) _____

5. Location Address

City	County	State	Zip Code
------	--------	-------	----------

6. Mailing Address

City	State	Zip Code
------	-------	----------

7. Business Phone No. Alternate Phone No. E-mail Address

OWNER INFORMATION

8. Type of Owner

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> City/County/University
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other _____
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Joint Venture	
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Trust	

9. Owner of Business/Applicant (Name of Corporation, LLC, etc.) _____

PRIMARY CONTACT PERSON

The primary contact person should be a person who can answer questions TABC may have about the application. The contact phone and email are mandatory and must be active and updated regularly. If additional information is needed, it will be requested from this contact person. **Delays in responding to requests may delay the processing and approval of your license/permit.**

10. Contact Person:	Relation to Business:
Phone (mandatory):	Email (mandatory):

TABC DATESTAMP

11. Are you, the applicant a veteran-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Are you, the applicant a Historically Underutilized Business (HUB)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. As Indicated on the chart, enter the individuals that pertain to your business type: (For additional space, use Form L-OIC)			
Individual/Individual Owner		Limited Liability Company/All Officers or Managers	
Partnership/All Partners		Joint Venture/Venturers	
Limited Partnership/All General Partners		Trust/Trustee(s)	
Corporation/All Officers		City, County, University/Official	
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title

MEASUREMENT INFORMATION

Section 109.31 et seq.

14. Will your business be located within 300 feet of a church or public hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>NOTE: For churches or public hospitals measure from front door to front door, along the property lines of the street fronts and in a direct line across intersections.</i>	
15. Will your business be located within 300 feet of any private/public school, day care or child care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15.a If "YES," are the facilities located on different floors or stories of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>NOTE: For private/public schools, day care centers and child care facilities measure in a direct line from the nearest property line of the school, day care center or child care facility to the nearest property line of the place of business, and in a direct line across intersections.</i>	
<i>NOTE: For multistory building: businesses may be within 300 feet of a day care center or child care facility as long as the facilities are located on different floors of the building.</i>	
<i>NOTE: If located on or above the fifth story of a multistory building: measure in a direct line from the property line of the private/public school to property line of your place of business in a direct line across intersections vertically up the building at the property line to the base of the floor on which your business is located.</i>	
16. Will your business be located within 1,000 feet of a private school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Will your business be located within 1,000 feet of a public school? <input type="checkbox"/> Yes <input type="checkbox"/> No	

60-DAY SIGN

18. If required under Section 11.391 and 61.381, enter the exact date the 60-Day sign was posted at your location.	Exact Date (MM/DD/YYYY)
--	-------------------------

ALL APPLICANTS

19. IF YOUR LOCATION IS NOT WITHIN THE CITY LIMITS, CHECK HERE
I, the applicant, have confirmed I am not located in the city limits of any city, therefore, city certifications are not required.

COMPLETE THE FOLLOWING CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

Per Sec. 102.01, a tied house is defined as any overlapping ownership between those engaged in the alcoholic beverage industry at different levels of the three-tier system. No person having an interest in a permit issued by TABC may secure or hold, directly or indirectly, an ownership interest in a business on a different level.

All required forms have been completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have reviewed all forms to ensure they are complete.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have obtained all required local and state certifications (pages 3-5).	<input type="checkbox"/> Yes <input type="checkbox"/> No
All application packets have been notarized.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone numbers and email address for Contact Person are up to date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All additional documentation as required by the application packets is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
If required, out of state criminal history checks are attached (PHS #7).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Certification of publication in local newspaper has been completed (page 5).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
A copy of the newspaper publication is attached (page 5).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

WARNING AND SIGNATURE

IF APPLICANT IS SHOWN AS:

Proprietorship
Partnership
Corporation
Limited Partnership
Limited Liability Partnership
Limited Liability Company

WHO MUST SIGN:

Individual Owner
Partner
Officer
General Partner
General Partner
Officer/Manager

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the Texas Department of Criminal Justice for not less than 2 nor more than 10 years."

I, UNDER PENALTY OF LAW, HEREBY SWEAR THAT I HAVE READ ALL THE INFORMATION PROVIDED IN THE APPLICATION AND ANY ATTACHMENTS AND THE INFORMATION IS TRUE AND CORRECT. I ALSO UNDERSTAND ANY FALSE STATEMENT OR REPRESENTATION IN THIS APPLICATION CAN RESULT IN MY APPLICATION BEING DENIED AND/OR CRIMINAL CHARGES FILED AGAINST ME. I ALSO AUTHORIZE THE TEXAS ALCOHOLIC BEVERAGE COMMISSION TO USE ALL LEGAL MEANS TO VERIFY THE INFORMATION PROVIDED.

PRINT
NAME

SIGN
HERE

TITLE

Before me, the undersigned authority, on this _____ day of _____, 20____, the person whose name is signed to the foregoing application personally appeared and, duly sworn by me, states under oath that he or she has read the said application and that all the facts therein set forth are true and correct.

SIGN
HERE

NOTARY PUBLIC

SEAL

CERTIFICATE OF CITY SECRETARY (FOR MB, RM & V)

Section 11.37

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought is inside the boundaries of this city or town, in a "wet" area for such license/permit, and not prohibited by charter or ordinance in reference to the sale of such alcoholic beverages.

SIGN

HERE

City Secretary/Clerk

City

TEXAS

SEAL

CERTIFICATE OF CITY SECRETARY (FOR BG & BE)

Section 11.37 & 61.37

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought is inside the boundaries of this city or town, in a "wet" area for such license/permit, and not prohibited by charter or ordinance in reference to the sale of such alcoholic beverages.

Election for given location was held for:

- legal sale of all alcoholic beverages
- legal sale of all alcoholic beverages except mixed beverages
- legal sale of all alcoholic beverages including mixed beverages
- legal sale of beer/wine (17%) on-premise **AFTER** Sept. 1, 1999
- legal sale of beer/wine (14%) on-premise **BEFORE** Sept. 1, 1999

OR IF ABOVE DOES NOT APPLY:

Be advised the location must have had two election passages per Section 25.14 or Section 69.17 of the TABC Code. One for beer and wine off-premise and one for mixed beverage.

- legal sale of beer and wine for off-premise consumption only

AND EITHER:

- legal sale of mixed beverages

OR

- legal sale of mixed beverages in restaurants by food and beverage certificate holders
(applicant must apply for FB with BG or BE)

SIGN

HERE

City Secretary/Clerk

City

TEXAS

SEAL

**CERTIFICATE OF CITY SECRETARY FOR LATE HOURS LICENSE/PERMIT
(LB & BL)**

Chapters 29 & 70 et seq.

I hereby certify on this _____ day of _____, 20____, that one of the below is correct:

- The governing body of this city has by ordinance authorized the sale of **mixed beverages** between midnight and 2:00 A.M.; or
- The governing body of this city has by ordinance authorized the sale of **beer** between midnight and _____ A.M.; or
- The population of the city or county where premises are located was 500,000 or more according to the 22nd Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or
- The population of the city or county where premises are located was 800,000 or more according to the last Federal Census (2010).

SIGN
HERE _____, TEXAS
City Secretary/Clerk City

S E A L

CERTIFICATE OF COUNTY CLERK (FOR MB, RM & V)

Section 11.37

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought is in a "wet" area for such license/permit, and is not prohibited by any valid order of the Commissioner's Court.

SIGN
HERE _____ COUNTY
County Clerk

S E A L

CERTIFICATE OF COUNTY CLERK (FOR BG & BE)

Section 11.37 & 61.37

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought is in a "wet" area and is not prohibited by any valid order of the Commissioner's Court.

Election for given location was held for:

- legal sale of all alcoholic beverages
- legal sale of all alcoholic beverages except mixed beverages
- legal sale of all alcoholic beverages including mixed beverages
- legal sale of beer/wine (17%) on-premise **AFTER** Sept. 1, 1999
- legal sale of beer/wine (14%) on-premise **BEFORE** Sept. 1, 1999

OR IF ABOVE DOES NOT APPLY:

Be advised the location must have had two election passages per 25.14 or 69.17 of the TAB Code. One for beer and wine off-premise and one for mixed beverage.

- legal sale of beer and wine for off-premise consumption only
- AND EITHER:**
- legal sale of mixed beverages
- OR**
- legal sale of mixed beverages in restaurants by food and beverage certificate holders (applicant must apply for FB with BG or BE)

SIGN
HERE _____ COUNTY
County Clerk

S E A L

CERTIFICATE OF COUNTY CLERK FOR LATE HOURS LICENSE/PERMIT (LB & BL)

Chapters 29 & 70 et seq

- I hereby certify on this _____ day of _____, 20____, that one of the below are correct:
- The Commissioner's Court of the county has by order authorized the sale of *mixed beverages* between midnight and 2:00 A.M.; or
 - The Commissioner's Court of the county has by order authorized the sale of *beer* between midnight and _____ A.M.; or
 - The population of the city or county where premises are located was 500,000 or more according to the 22nd Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or
 - The population of the city or county where premises are located was 800,000 or more according to the last Federal Census (2010).

SIGN
HERE _____ **COUNTY**
County Clerk

S E A L

COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

Section 11.46 (b) & 61.42 (b)

This is to certify on this _____ day of _____, 20____, the applicant holds or has applied for and satisfies all legal requirements for the issuance of a Sales Tax Permit under the Limited Sales, Excise and Use Tax Act or the applicant as of this date is not required to hold a Sales Tax Permit.

Sales Tax Permit Number _____ Outlet Number _____

Print Name of Comptroller Employee _____

Print Title of Comptroller Employee _____

SIGN
HERE _____ **FIELD OFFICE** _____

S E A L

PUBLISHER'S AFFIDAVIT (FOR MB, LB, RM, BP, BG, BE, BL & V)

Section 11.39 and 61.38

Name of newspaper		ATTACH PRINTED COPY OF THE NOTICE HERE Hover over to see example
City, County		
Dates notice published in daily/weekly newspaper (MM/DD/YYYY)		
<i>Publisher or designee certifies attached notice was published in newspaper stated on dates shown.</i>		
Signature of publisher or designee Sworn to and subscribed before me on this date (MM/DD/YYYY)		
Signature of Notary Public		
S E A L		

Food and Beverage Certificate Application Document Guide

The following is a guide of documents that may be requested by the Commission to accompany your completed Food and Beverage Certificate application. The appropriate fees are required at the time of submission.

To qualify for a Food and Beverage Certificate your business must either: (a) meet the definition of a restaurant under section 1.04(29) of the Alcoholic Beverage Code; or (b) maintain alcohol sales that are 60% or less of the business's total sales. Additionally, your location must have permanent food service facilities for the preparation and service of multiple entrees for consumption at the location.

If applicable, documentation you should be prepared to provide includes:

- A menu or, if no menu is available, a listing of the food and beverages, including prices, offered for sale.
- Hours of operation of food service and hours for the sale or service of alcoholic beverages.
- Sales data or, if not available, projection of sales which should include breakdown of food, alcoholic beverages, and other major categories at the location.
- Listing of equipment used in the preparation and service of food and copies of floor plans of the licensed premise indicating areas devoted to preparation and service of food and those devoted primarily to the preparation and service of alcoholic beverages.

Additional Information:

- Food service facilities means a designated permanent portion of the licensed location where food is stored and prepared for consumption at the location.
- An entrée is a course of a meal that may include an appetizer, small plate, main dish, dessert, or other similar food item.
- To qualify as a restaurant, the applicant business must operate its own permanent food service facility with commercial cooking equipment on its premises.
- If you operate in a hotel/motel, the food service facilities must exist for each separately licensed/permitted location.
- Food and Beverage Certificate holders who qualify based on the business's receipts must maintain records reflecting separate totals for alcoholic beverage sales or service, food sales, and all other sales categories at the location that, when combined, make up the location's total sales. These businesses must also maintain purchase invoices reflecting the total purchases of alcoholic beverages, food, and all other purchase categories at the location.



TEXAS ALCOHOLIC BEVERAGE COMMISSION
Texas Helping Businesses & Protecting Communities

**Initial Application
 Reinstatement
 Change of Location**

**Required
 Certifications form
 L-CERT must be included**

Join TABC in the fight against Human Trafficking

L-IA (10/2022)

TABC has enhanced our license and permit application process. We encourage you to take advantage of our user-friendly online application process through the Alcohol Industry Management System (AIMS). If you are unable to submit your application via AIMS, you may complete the paper application below. **If you submit a paper application, it will take considerably longer to obtain your license or permit.**

Complete this form to apply for an original license or permit, or to make certain changes to an existing license or permit. Ultimate responsibility for the privilege of holding such license or permit rests on the applicant or license/permit holder. Visit our website (www.tabc.texas.gov) for statutory requirements, authorities or to find your local office.

Initial Information

1. Application for:

<input type="checkbox"/> Original	<input type="checkbox"/> Reinstatement License/Permit Number _____	<input type="checkbox"/> Reinstatement and Change of Trade Name License/Permit Number _____
	<input type="checkbox"/> Change of Location License/Permit Number _____	<input type="checkbox"/> Change of Location and Trade Name License/Permit Number _____

2A. Type of Off-Premise License/Permit

<input type="checkbox"/> BF Retail Dealer's Off-Premise License	<input type="checkbox"/> ET Third-Party Local Cartage Permit	<input type="checkbox"/> P Package Store Permit
<input type="checkbox"/> BQ Wine and Malt Beverage Retail Dealer's Off-Premise Permit	<input type="checkbox"/> LP Local Distributor's Permit	<input type="checkbox"/> Q Wine Only Package Store

2B. Type of On-Premise License/Permit

<input type="checkbox"/> BE Retail Dealer's On-Premise License	<input type="checkbox"/> E Local Cartage Permit	<input type="checkbox"/> MB Mixed Beverage
<input type="checkbox"/> BG Wine and Malt Beverage Retail Dealer's On-Premise Permit	<input type="checkbox"/> FB Food and Beverage Certificate	<input type="checkbox"/> RM Mixed Beverage Permit with required Food and Beverage Certificate
<input type="checkbox"/> BP Brewpub License	<input type="checkbox"/> LH Late Hours Certificate	<input type="checkbox"/> WP Waterpark Permit

2C. Type of Wholesaler's, Distributor's, or Manufacturer's License/Permit

<input type="checkbox"/> BB General Distributor's License	<input type="checkbox"/> D Distillers and Rectifiers Permit - allows on-premise consumption	<input type="checkbox"/> SD Brewer's Self-Distribution License
<input type="checkbox"/> BC Branch Distributor's License	<input type="checkbox"/> G Winery - allows on-premise consumption	<input type="checkbox"/> W Wholesaler's Permit
<input type="checkbox"/> BW Brewer's License	<input type="checkbox"/> J Bonded Warehouse	<input type="checkbox"/> X General Class B Wholesaler Permit
	<input type="checkbox"/> JD Bonded Warehouse (Dry Area)	

3. Trade Name of Location (Name of restaurant, bar, store, distribution company, etc.)

4. Location Address Street Number Street Name

City	County	State	Zip
------	--------	-------	-----

5. Mailing Address Street Number Street Name

City	State	Zip
------	-------	-----

6. Business Phone Alternate Phone E-mail Address

Business Information

7. Owner of Business/Applicant (Name of Corporation, Sole Proprietor, LLC, etc.) **8. SSN or Federal Employer Identification Number (FEIN)**

- If you hold an active TABC license/permit under the SSN or FEIN listed in question #8 and there have been no changes to the ownership structure of the business since you filed your last application, skip to question #11.
- If you hold an active TABC license/permit under the SSN or FEIN listed question #8, and there has been a change in the ownership or business structure since you filed your last application you must complete the entire Business Section below and Personal History Sheets (PHS) for any added person or persons.
- If you do not currently hold an active TABC license/permit, complete the entire Business Information section, all necessary ownership information and personal history sheets. Select the entity page(s) that correspond with your business structure. All officers, directors, stockholders, and trustees, holding ownership in this business must be disclosed. Individual applicants complete this application and L-PHS (Personal History Sheet).

9. Individual Officer Director Stockholder Trustee (Mark All That Apply)

Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

Officer Director Stockholder Trustee (Mark All That Apply)

Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

Officer Director Stockholder Trustee (Mark All That Apply)

Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee (Mark All That Apply)			
Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee (Mark All That Apply)			
Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee (Mark All That Apply)			
Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

If additional space is necessary, use the appropriate form for your business structure (L-C, L-LLC, L-P).

Background Information

- 10A. Has any person listed in the business information section, or his or her spouse, been finally convicted or received deferred adjudication for any of the offenses below? If so, indicate by checking all that apply. If any boxes are checked, and it has not been five years since the termination of a sentence, parole or probation served, attach an explanation.
- any felony offense
 - prostitution
 - bookmaking
 - gambling or gaming
 - bootlegging
 - vagrancy offense involving moral turpitude
 - any offense involving dangerous drugs, synthetic cannabinoids or controlled substances as defined in Texas Controlled Substances Act
 - any offense involving firearms or a deadly weapon
 - any offense involving drink solicitation
 - more than three violations of the Texas Alcoholic Beverage Code relating to minors
 - violations of the Texas Alcoholic Beverage Code resulting in a criminal fine of \$500
 - violations of an individual's civil rights or discrimination against an individual on the basis of race, color, creed or national origin
- 10B. If any person listed in the Business Section has had a TABC license or permit canceled, attach an explanation.

Property Ownership/Lease/Sublease/Management Information

Complete question 11A. or 11B. to document owner of property. If land and building are owned by different entities, group partners/officers of each entity separately in spaces in 11B.

Individual Property Owner

11A. Full Legal Name (Last, First, Middle):	Date of Birth (mm/dd/yyyy)	SSN
---	----------------------------	-----

Property Owner Information (if owner is business entity)

11B. Name of Business Entity	Federal Employer Identification Number (FEIN)
------------------------------	---

12. If operating under a lease at the location listed in question 4, complete the following:

Expiration date(s)/Options _____

Monthly rental amount \$ _____

If other fees and payments are due to the landlord, indicate amount and reason \$ _____ Reason: _____

If you are you operating under any concession, service or management agreement(s) that contain terms for services or management beyond property rental, complete question number 13. Attach copy of all agreements. If question 13 does not apply, go to question 14

13A. Indicate if you are:
 Sublessor Concessionaire Management Company

13B. Entity Name of Sublessor, Concessionaire or Management Company: _____

13C. FEIN of Sublessor, Concessionaire or Management Company: _____

Enter information for individual or business entity below	
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN

Use form L-SL if additional space is needed

13D. Enter contract information below:

Expiration date(s)/Options _____

Monthly fee \$ _____

13E. If you have a sublessor that differs from the management company enter sublessor name below.

Sublessor Name _____ FEIN _____

14A. Do you or anyone else at the location operate under a franchise agreement? Yes No

14B. If "YES," as required under Section 109.53 do you maintain exclusive control of ALL phases of the purchase, sale, service and brands of alcoholic beverages? Yes No

If there are any agreements, excluding questions 13-14, which involve alcohol in any way, you MUST attach copies of those agreements.

**Sales Information for Following License/Permit Types:
MB/FB, BG/FB, BE/FB**

15. Provide projected (future) sales data for first 12 months of operation.

Sales Year (YYYY) 20 _____

Alcoholic Beverage Sales \$ _____

Food Sales \$ _____

Other Sales \$ _____

Total Sales \$ _____

Additional Requirements you are Attesting to for Food and Beverage Certificate Only:

- Food service will be maintained on the licensed premise.
- There is a permanently designated food service facility on the licensed location.
- Multiple entrees per meal are available to customers.
- Food items are prepared for consumption on or off the licensed location.
- Hours of operations for sale and service of food and alcoholic beverages are the same. Note, food may be sold or served before or after the legal hours for sale of alcoholic beverages.
- If the designated food service facility on the licensed location is operated by a separate business entity, the business entity will provide records for food service for the purpose of inspections or audit.
- If the premise is a hotel, separate food service facility for each separate area for restaurants, lounges or bars are maintained.

Mark only one of the boxes below to identify the method that qualifies the location to hold a Food & Beverage Certificate. See Food and Beverage Certificate Application Document Guide pg.5 for additional information

- In addition to the above requirements, you qualify as a restaurant as defined by Rule 33.5(b)(6)
- The location operates its own permanent food service facility with commercial cooking equipment on its premises; and
 - Prepares and offers to sell multiple entrees for consumption on or off the premises
- In addition to the above requirements, you qualify based on the projected receipts from the sale of alcoholic beverages by the license or permit holder at the location will be 60% or less of the total receipts from the location.

Location Information

16. If you share the premises with another business entity enter tradename(s) of business(es) and sales and use tax number(s) below:

Trade Name _____

Sales & Use Tax Number _____

17. Is the proposed location in a hotel or motel? If "Yes" attach diagram. Yes No

18. Will the license/permit embrace the entire location address as shown in question #4? Yes No
If "NO," attach a diagram of your premises as required by Section 11.49.

Finance Information

19. Enter the total amount of investment from all sources for this location. \$ _____
Please be prepared to provide copies of all documents related to the financing of this location.

20. List all sources of funds advanced to you for your business. If a partnership or corporation, list entity along with partners/officers.

Name, Corporation, Partner/Officer		Date of Birth mm/dd/yyyy)
SSN or FEIN	Terms	Amount \$
Name, Corporation, Partner/Officer		Date of Birth mm/dd/yyyy)
SSN or FEIN	Terms	Amount \$

If more space is needed, attach additional page

Measurement Information

Click [here](#) for measurement instructions, information, and requirements

21. Will the premises be within 1,000 feet of a private/public school? Yes No

22. Is any property line of your premises within 300 feet of a residential address or established neighborhood association? Yes No

On-Premise Licenses And Permits Only

Measurement information for applicants in municipalities with a population of 1.5 million or more

23. Will your business be located within 300 feet of a residence, church, school, day care or social service facility? Yes No
If "YES," will 75% or more of the applicant's actual or anticipated gross revenue be from the sale of alcoholic beverages? Yes No
If "YES," to both questions, you must notify all tenants or property owners of your intent to apply for an alcoholic beverage license/permit within five days of the filing of an original application. Has such notice been given as required by Section 11.52? Yes No

Brewpub (BP) Only

24. Do you, the applicant, intend to sell your alcoholic product directly to other retailers? Yes No

25. Do you, the applicant, intend to sell your alcoholic product to wholesalers/distributors? Yes No

26. Will you, the applicant, be engaged in the business of brewing and packaging malt liquor in quantities sufficient to operate a brewpub not later than 6 months after the date of issuance of the original license? Yes No

27. If required under Section 11.391 and 61.381, provide exact date the required sign was posted at the location. Exact Date: _____

Bonded Warehouse (J – Wet / JD – Dry)

- 28. In general terms, specify what other goods and commodities are stored in this warehouse.
29. Are you providing services to permit holders other than storage?
30. Is at least 50% of gross revenue during each three (3) month quarter derived from goods and merchandise other than alcoholic beverages?
31. Is the location in a wet or dry area?

Brewers (BW)

- 32. Do you, the applicant, intend to engage in the business of brewing and packaging malt beverage in Texas within the three-year period covered by the original license and one successive renewal in quantities to qualify as a bona fide brewing manufacturer?
33A. Do you, the applicant, intend to contract with another brewery to produce your product?
33B. Is your product brewed at their location?
34A. Do you, the applicant, intend to utilize an alternating proprietorship agreement to produce your product?
34B. Is your product brewed at their location?
35. If you intend to operate under an alternating or contract brewing agreement; do you, the applicant, own a fee interest in a brewing facility?
36. Do you, the applicant, hold a Brewer's Notice Issued by the Alcohol and Tobacco Tax and Trade Bureau of the United States Department of the Treasury?

Brewers (BW), Distillers and Rectifiers (D), Winery (G)

- 37. Is any property line of your premises within 300 feet of a residential address or established neighborhood association?
38. Do you, the applicant, intend to sell for on-premise consumption?
If "YES," you must notify each residential address and established neighborhood association(s). A copy of the completed notice must be submitted along with a list of all addresses notified; as required by Section 11.393 and 61.38. Click Notice of Application to view and print notice.

Wholesalers (W)

- 39. Do you, the applicant, intend to sell malt liquor?
NOTE: You must submit a territorial agreement from the actual manufacturer of the product.

Distributors (D)

- 40. Do you, the applicant, have an adequate building, storage facilities, sufficient employees, delivery vehicles and rolling stock to provide service and sales for each brand of malt beverage in an amount equal to the demand for the product from all retailers in applicant's assigned territory?
NOTE: If you are applying for a General Distributor's License, Local Distributor's Permit or Branch Distributor's License, you must submit a territorial agreement from the actual manufacturer of each malt beverage product you are handling.

Winery (G)

- 41. I, the applicant, declare that I have the appropriate federal authority to qualify as a Texas winery and have all necessary information and documentation to complete the application.
If "YES," attach a copy of the approved Application to Establish and Operate a Wine Premises.
42. Do you, the applicant, intend to engage in any activity authorized by the winery permit on the permitted premise of another winery?
If "YES," provide the TABC permit number of that winery and attach a copy.

WARNING AND SIGNATURE

If applicant is/principal party listed below must sign
Individual/Individual Owner
Partnership/Partner
Limited Partnership/General Partner
Corporation/Officer
Limited Liability Company/ Officer or Manager

Each licensee or permittee shall have exclusive occupancy and control of the entire licensed location with respect to the sale of alcoholic beverages. Any arrangement that surrenders such control of the employees, premises or business, including profits and losses, to persons other than the licensee or permittee is unlawful.

The applicant, licensee/permit holder, agent, servant or employee may not directly or indirectly have any overlapping ownerships or other prohibited relationships (including unfair competition and unlawful trade practices) between those engaged in the alcoholic beverage industry at different levels, that is, between a manufacturer and a wholesaler or retailer, or between a wholesaler and a retailer, as the words "wholesaler," "retailer," and "manufacturer" are ordinarily used and understood, regardless of the specific names given a license/permit. Reference Chapter 102 et seq.

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the Texas Department of Criminal Justice for not less than 2 nor more than 10 years."

By signing you are swearing to all information and attachments provided are correct.

PRINT NAME SIGN HERE TITLE

Before me, the undersigned authority, on this day of 20, the person whose name is signed to the foregoing application personally appeared and, duly sworn by me, states under oath that he or she has read the said application and that all the facts therein set forth are true and correct.

SIGN HERE

NOTARY PUBLIC

SEAL



Asbestos Removal

Survey Requirements for Commercial & Public Buildings

If an owner of a public or commercial building will be disturbing any building materials during his or her renovation or demolition, the owner is required to have the materials surveyed for asbestos by a licensed asbestos professional. A survey is required regardless of the age of the building.

One exception to that rule can be found in the Texas Asbestos Health Protection Rules in section 295.34. It states that if a licensed asbestos inspector, a Texas-registered architect, or a Texas-licensed professional engineer reviews all the building's material safety data sheets and, subsequently, provides a written certification that no materials contain asbestos, then a building owner can use that certification in lieu of an asbestos survey.

All municipalities must ensure that building owners have an asbestos survey or written certification as described above prior to issuing any building permits for renovations or demolition. Cities do not have the authority to enforce the state and federal asbestos regulations; however, they do have the authority to withhold their own city permits if the asbestos requirements haven't been met (this law went into effect in 2002).

Building owners are held responsible for complying with these asbestos regulations. In many cases, owners may have their contracted asbestos professionals ensure that the requirements are met; however, the responsibility lies solely on the building owner.



Date: _____

Building Inspections Department
372 Town Place
Fairview, TX 75069
Fax: 972-548-0268
permits@fairviewtexas.org

Re: Demolition Survey Confirmation - Commercial/Public Buildings by Owner/Operator

Dear Public Official:

An asbestos survey has been conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the areas being renovated and/or demolished.

Yes _____ No* _____

**If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Rowlett.*

Project Address: _____

Street, City, State, Zip Code

Owner/Operator Name & Driver's License #

Owner/Operator Name (Signature)

State of Texas, County of _____ This instrument was acknowledged before me on

_____ (Date) by _____ (Name or Names of

persons acknowledging).

Notary Public's Signature



**Building Inspections Department
372 Town Place
Fairview, TX 75069**

**Re: Demolition Survey Confirmation
Commercial/Public Buildings
By Licensed Architect/Engineer**

Dear Public Official:

I have reviewed the MSDS sheets 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 the Texas Asbestos Health Protection Act; and, in my professional opinion, all parts of the building affected by the planned renovation or demolition do not contain asbestos.

Project Address: _____

Printed Name of Architect/Engineer _____

Signature of Architect/Engineer _____

State Registration No. of Architect/Engineer _____

Driver's License No. of Architect/Engineer _____

Name of Company _____

Address of Company _____

Phone Number _____ Date: _____



Frequently Asked Questions Concerning Verification of Asbestos Surveys Before Issuing Building Permits

1. Why do we need Occupations Code §1954.259/ 25 Texas Admin. Code (TAC) §295.34(l)?

The Department of State Health Services enforces state and federal asbestos laws regarding renovation and demolition projects in Texas. Each year, many projects that disturb or remove asbestos in Texas are done in violation of state and federal safety laws that require protection of workers and the public from exposure to dangerous levels of asbestos fibers.

Verifying that an asbestos survey was done prior to a renovation or demolition will educate building owners who are unaware of the legal requirements and make it harder for building owners and contractors to claim ignorance of the asbestos laws. Protection of public health will be enhanced if surveys are conducted and asbestos, if present, is abated and not disturbed by renovation or demolition activities.

2. What kind of “permit” triggers the duty to check for an asbestos survey?

“Permit” means a license, certificate, approval, registration, consent, permit, or other form of authorization issued by a municipality for renovation or demolition of a public or commercial building, that a person is required by law, rule, regulation, order, or ordinance to obtain to perform an action, or to initiate, continue, or complete a project, for which the authorization is sought. Permits for only mechanical, plumbing, electrical, or other modifications to structures are encompassed by the requirement to verify the survey because asbestos can be disturbed by *any* activity that disturbs existing building materials.

3. How extensive does this survey verification have to be?

There needs to be “evidence acceptable to the municipality” that an asbestos survey, as required by state and federal laws, of all parts of the building affected by the planned renovation or demolition has been completed by a person who is appropriately licensed, accredited, or trained to perform a survey.

This evidence could be as basic as checking a box on the permit form indicating that the owner/operator acknowledges that a survey has been done that meets the regulatory requirements. Alternatively, the municipality could require a sworn affidavit from the applicant, or review the survey and verify if it meets these requirements. DSHS recommends that the municipality actively verify that a survey that complies with the law has been done because many building owners do not understand the requirement or incorrectly assume that others who are involved with the project have complied with it.

4. *How much time does it take to do this verification?*

The City of San Antonio by city ordinance has required verification of surveys prior to issuing renovation and/or demolition permits since August 1999. San Antonio estimates that it adds approximately 10 minutes to the process of getting a permit.*

In Austin, where approximately 2,000 permits are issued annually, it is estimated that verification will require an annual total of approximately 333 hours, about 42 eight-hour workdays.*

5. *Do we need special training to verify these surveys?*

No. The purpose of verifying these surveys is so the owner/operator of a public or commercial building is aware that a survey is needed and is done prior to receiving a permit.

6. *Do the asbestos surveys need to be turned into the Texas Department of State Health Services?*

No. The asbestos surveys need to be kept at the project site and made available to the Texas Department of State Health Services upon request.

7. *Can a municipality require more stringent enforcement of 25 TAC §295.34(l) (i.e., requiring both an asbestos survey and proof of abatement prior to issuing a permit)?*

The rule only requires municipalities to verify that an asbestos survey has been conducted prior to issuing renovation or demolition permits for public or commercial buildings. If the municipality chooses to impose more stringent standards before issuing a permit, the Texas Department of State Health Services recommends that the municipality consult with its legal counsel to determine if an ordinance is needed.

8. *Our municipality does not issue building permits. Does this law still apply to us?*

No, however, the Texas Department of State Health Services wants your citizens to know they must have a survey conducted before renovating or demolishing a public or commercial building, whether or not a local permit is required. This information can be provided by posting posters/brochures in local offices concerning the need for surveys, and referring people to the Texas Department of State Health Services, Policy, Standards, and Quality Assurance Unit for more information.

9. *What is the Texas Department of State Health Services' definition of "public building" and "commercial building"?*

The Texas Department of State Health Services defines a "public building" and "commercial building" in 25 TAC §295.32 as follows:

Public Building: The interior space of a building used or to be used for purposes that provide for public access or occupancy, including prisons and similar buildings. Interior space includes exterior hallways connecting buildings, porticos, and mechanical systems

used to condition interior space. The term includes any building during a period of vacancy, including the period during preparations prior to actual demolition. The term does not include:

- (A) an industrial facility to which access is limited principally to employees of the facility because of processes or functions that are hazardous to human safety or health;
- (B) a federal building or installation (civilian or military);
- (C) a private residence;
- (D) an apartment building with no more than four dwelling units;
- (E) a manufacturing facility or building that is limited to workers and invited guests under controlled conditions; or
- (F) a building, facility, or any portion of which has been determined to be structurally unsound and in danger of imminent collapse by a professional engineer, registered architect, or a city, county, or state government official.

Commercial Building: The interior space of any industrial or federal government-owned building. Interior space includes exterior hallways connecting buildings, porticos, and mechanical systems used to condition interior space.

10. *After what year can a building be built when no asbestos survey is required?*

Asbestos surveys are required on all buildings regardless of the year of construction. For newer buildings, there is an alternative to a survey. See Question 11.

11. *Can people submit information other than an asbestos survey?*

Yes. Instead of an asbestos survey, the owner/operator can submit a certification from a licensed engineer or architect or a statement from an asbestos inspector licensed by the Texas Department of State Health Services, stating that:

The material safety data sheets (MSDS) 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 have been reviewed; and

In the engineer or architect or licensed asbestos inspector's professional opinion, all parts of the building affected by the planned renovation or demolition do not contain asbestos.

This exclusion statement, together with copies of the MSDS, can be used instead of an asbestos survey. This certification may also be supplemented with an asbestos inspection where bulk sampling is performed.

12. Who can do these asbestos surveys?

In a public or commercial building, the following licensed entities can conduct asbestos surveys:

Consultant Agencies
Management Planner Agencies
Individual Consultants*
Individual Management Planners*

Please note that Individual Consultants and Individual Management Planners can conduct an asbestos survey in a **public building** if they obtain liability coverage in the amount of \$1 million for errors and omissions or they must be covered under the consultant's employer's policy as specified in 25 TAC §295.40. It is the building owner's responsibility to verify that the company/individual it hires has the correct insurance. The Texas Department of State Health Services does not verify liability insurance for surveys conducted on commercial buildings.

13. How can I get a list of companies/individuals who do surveys in my area?

The Texas Department of State Health Services website contains an updated list of companies and individuals throughout the state of Texas who are licensed to conduct asbestos surveys. The website is located at:

www.dshs.state.tx.us/asbestos

If unable to access the website, please contact the Policy, Standards, and Quality Assurance Unit at 512-834-6787.

14. How much do asbestos surveys cost?

The average survey costs from \$250 to \$500 for small projects, and up to \$5,000 to \$10,000 for a 100,000-square-foot building.

15. Does the whole building need an asbestos survey?

No, only the areas of the building where renovation or demolition will occur need to have an asbestos survey. However, if the entire building is going to be renovated or demolished, then an asbestos survey of the entire building is required.

16. Can a Phase I Site Assessment (Phase I) or Environmental Site Assessment (ESA) be used for an asbestos survey?

Phase Is and ESAs are types of general surveys that might or might not comply with the state and federal asbestos laws. If a municipality chooses to accept Phase Is or ESAs for purposes of the survey requirement, the municipality should alert the applicant that unless the Phase I or ESA has been done in compliance with state and federal laws governing asbestos surveys, the Texas Department of State Health Services could cite the applicant for having an improper survey.

17. If a single residential structure is being demolished to build a residential development or commercial property, is a survey required under 25 TAC §295.34(l)?

No. The rule only requires verification of an asbestos survey for commercial or public buildings. However, if more than one residence is being demolished, the survey requirement under federal asbestos law applies except for certain government-ordered demolitions of residences on a single site.

18. If a residence was once a public or commercial building (i.e. gas station), would a survey be required under 25 TAC §295.34(l)?

No. The rule only requires verification of an asbestos survey for public or commercial buildings. However, the federal asbestos law requires a current survey if the former public/commercial building was converted to a residence after April 6, 1973 (the date the federal rules regulating such buildings came into effect). Therefore, it is recommended that the municipality advise its citizens that an asbestos survey would be needed for compliance with federal law.

19. Do I need to verify a survey for a roofing project on a commercial or public building under 25 TAC §295.34(l)?

No. The rule only requires verification of an asbestos survey for the interior of commercial or public buildings. However, the federal asbestos law would require a survey for a roofing project. Therefore, it is recommended that the municipality advise its citizens that the survey is needed for compliance with federal law.

20. Does 25 TAC §295.34(l) apply to renovation or demolition of apartment complexes or condominiums?

The survey requirement does apply to apartment complexes of more than four dwelling units, but does not apply to condominiums.

21. Why doesn't 25 TAC §295.34(l) apply to condominiums?

Condominiums are a cluster of individual dwelling units in which the individual units are owned separately and the common areas are owned jointly. According to the definition of *public building*, private residences are excluded; therefore, the Texas Department of State Health Services (DSHS) clarifies that condominiums, which are a type of private residence, are exempt from state law, regardless of the number of units.

However, the federal asbestos law does regulate condominiums of more than four dwelling units within a single building structure, or if two or more condominiums at a single site are being renovated or demolished by the same owner/operator.

Therefore, DSHS recommends that the municipality advise its citizens that an asbestos survey of a condominium is required under federal law, if the above conditions are met.

22. Is the verification of an asbestos survey needed for a permit for new construction?

No, unless the new construction is attached to or will disturb materials in an existing public or commercial building. The verification of an asbestos survey is only needed for existing buildings that have already been used as public or commercial buildings and for more than one residence under certain conditions.

23. *Why don't we need to have a survey for building products that are being installed in new buildings?*

On September 1, 2001, Health and Safety Code Section 161.402 went into effect. This statute prohibits contractors from installing products containing more than one percent asbestos in public buildings unless there is no alternative building material. In addition, contractors are required to have Material Safety Data Sheets (MSDSs) for all building products. The MSDSs along with a signed statement from an architect, engineer, or DSHS licensed inspector, serve the purpose of a survey by identifying the presence of asbestos in new construction.

24. *How old can a survey be to be in compliance with 25 TAC §295.34(l)?*

An asbestos survey is acceptable to the DSHS if the survey was completed in compliance with the state/federal asbestos regulations in effect at the time of the survey, **AND** the survey continues to accurately describe the building materials where the renovation/demolition will occur.

For example, if a survey was conducted in 1989 and the entire building was remodeled in 1992, then a new survey or an update to the 1989 survey would be needed for the new building products installed in 1992, prior to renovation or demolition of the building.

25. *Is asbestos still manufactured?*

Yes. In 1989 the Environmental Protection Agency imposed a ban to phase out asbestos products; however, the United States Supreme Court overturned this ban in October 1991. Asbestos-containing products such as floor tiles, adhesives (mastic), and roofing materials can still be purchased.

26. *If asbestos is still manufactured, is it alright to install it in a public building?*

No. Health and Safety Code Section 161.402, effective September 1, 2001, prohibits the installation of materials containing more than one percent asbestos in public buildings unless there is no other alternative building material. To verify if a building material contains asbestos, you must obtain a Material Safety Data Sheet (MSDS) and make sure that if there is asbestos in the material, that it is no more than one percent.

27. *Who do I call if I have any questions?*

You may contact your Texas Department of State Health Services regional office or telephone the Texas Department of State Health Services, Policy, Standards, and Quality Assurance Unit in Austin, Texas at 512-834-6787. You may also visit our website at:

To help implement 25 TAC §295.34(l), the DSHS has enclosed example language that your municipality may choose to include in the permit application process for applicants to answer. This language is intended to assist the municipalities in verifying that an asbestos survey has been conducted. DSHS is not requiring that municipalities use these examples, but is attempting to provide guidance and assist building permit officials. The Optional Additional Language may be included with any of the Examples as a way to inform and educate or simply remind permit applicants of their responsibilities under state and federal law.

Example 1

An asbestos survey has been conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished. A Phase I Site Assessment (Phase I) or Environmental Site Assessment (ESA) may not comply with these requirements unless it contains an asbestos survey including sampling performed by a DSHS-licensed or accredited asbestos inspector. Substantial penalties may result from failure to conduct a proper asbestos survey.

Yes ___ No* ___

*If the answer is No, then as the owner/operator of the renovation/demolition activity, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) before a renovation/demolition permit is issued by the Municipality of _____ and before I may begin any renovation or demolition activity.

Optional additional language:

I understand that if any of the samples collected in the required survey contain more than 1% asbestos, it is my responsibility to have asbestos-containing materials properly abated that would be disturbed or rendered Regulated Asbestos-Containing Material (RACM) during renovation or demolition activities before a renovation/demolition permit is issued by the Municipality of _____ and before I may begin any renovation or demolition activity.

Example 2

Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished? A Phase I Site Assessment (Phase I) or Environmental Site Assessment (ESA) may

not comply with these requirements unless it contains an asbestos survey including sampling performed by a DSHS-licensed or accredited asbestos inspector. Substantial penalties may result from failure to conduct a proper asbestos survey.

Yes _____ No* _____

Date of survey: _____ / _____ / _____

DSHS Inspector License No. 60- _____

*If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) before a renovation/demolition permit is issued by the Municipality of _____ and before I may begin any renovation or demolition activity.

Optional additional language:

I understand that if any of the samples collected in the required survey contain more than 1% asbestos, it is my responsibility to have asbestos-containing materials properly abated that would be disturbed or rendered Regulated Asbestos-Containing Material (RACM) during renovation or demolition activities before a renovation/demolition permit is issued by the Municipality of _____ and before I may begin any renovation or demolition activity.

Example 3

I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished. A Phase I Site Assessment (Phase I) or Environmental Site Assessment (ESA) may not comply with these requirements unless it contains an asbestos survey including sampling performed by a DSHS-licensed or accredited asbestos inspector. Substantial penalties may result from failure to conduct a proper asbestos survey.

Optional additional language:

I understand that if any of the samples collected in the required survey contain more than 1% asbestos, it is my responsibility to have asbestos-containing materials properly abated that would be disturbed or rendered Regulated Asbestos-Containing Material (RACM) during renovation or demolition activities before a renovation/demolition permit is issued by the Municipality of _____ and before I may begin any renovation or demolition activity.

Example 4

□ A copy of the asbestos survey for the area(s) to be renovated/demolished has been included with this permit application. This survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP). A Phase I Site Assessment (Phase I) or Environmental Site Assessment (ESA) may not comply with these requirements unless it contains an asbestos survey including sampling performed by a DSHS-licensed or accredited asbestos inspector. Substantial penalties may result from failure to conduct a proper asbestos survey.

Optional additional language:

I understand that if any of the samples collected in the required survey contain more than 1% asbestos, it is my responsibility to have asbestos-containing materials properly abated that would be disturbed or rendered Regulated Asbestos-Containing Material (RACM) during renovation or demolition activities before a renovation/demolition permit is issued by the Municipality of _____ and before I may begin any renovation or demolition activity.

* Austin-American Statesman articles by Kevin Carmody
Special Report: Asbestos Exposure, January 7, 2001 and January 8, 2001



**Texas Commission on Environmental Quality
Form TCEQ-20700 - Instructions**

General Instructions:

The purpose of form TCEQ-20700 Backflow Prevention Assembly Test and Maintenance Report (T&M Form) is to document the results of testing a backflow prevention assembly. The form can be completed in one of two ways:

1. The form can be printed and completed by hand, or
2. The form can be completed electronically through an electronic medium (tablet, laptop computer, etc.). The yellow areas on the form can be completed electronically.

NOTE: The form is intended to be completed on-site while testing is occurring. If the form is completed electronically, the electronic device must also be on-site for proper use of this form.

The form must be printed and signed by the Licensed Tester that performed the work, unless TCEQ approved electronic recording keeping is in use. The hardcopy original must be provided to the Public Water System (PWS) as specified in *Title 30 of the Texas Administrative Code 290.44(h)(4)(c)*.

Specific Instructions:

Please follow the instructions below when completing form TCEQ-20700:

1. Check boxes: If completing the form electronically, all check boxes can be selected to make the desired indication. Selecting a box will insert an "X" in the box.
2. When performing the test, if the "Initial Test" yields acceptable results, do not complete the "Repairs and Materials Used**" or "Test After Repairs" rows on the form.
3. Remarks: If completing the form electronically, the "Remarks" section of the form is expandable, which means the final report can be more than one page. All pages of the T&M Report must be submitted to the water system.
4. Testing completed by a licensed tester must be documented on one form. Any follow-up testing performed by a different tester must be documented on a separate form.

Things to remember:

1. Differential pressure gauges:
 - a. In order to prevent contamination, gauges used on potable water backflow prevention assemblies must **not** be used to test non-potable backflow prevention assemblies.
 - b. Gauges need to be tested for accuracy annually and that date plus the serial number and other gauge information must be correctly recorded on the form. This allows Public water systems to ensure that the gauges are in compliance.
2. Annual testing of backflow prevention assemblies (those installed to protect against health hazards) or differential pressure gauges is to occur no more than 12 months from the last test date.
3. A tester's license is based on the testing procedures described in the University of Southern California's 10th edition manual. These procedures are expected to be used when testing backflow prevention assemblies.
4. Type II assemblies: This form can only accommodate a Type II assembly with a single check bypass.

Texas Commission on Environmental Quality
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

NAME OF PWS:	
PWS ID#:	
PWS MAILING ADDRESS:	
PWS CONTACT PERSON:	
ADDRESS OF SERVICE:	

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):			
<input type="checkbox"/>	Reduced Pressure Principle (RPBA)	<input type="checkbox"/>	Reduced Pressure Principle-Detector (RPBA-D) Type II <input type="checkbox"/>
<input type="checkbox"/>	Double Check Valve (DCVA)	<input type="checkbox"/>	Double Check-Detector (DCVA-D) Type II <input type="checkbox"/>
<input type="checkbox"/>	Pressure Vacuum Breaker (PVB)	<input type="checkbox"/>	Spill-Resistant Pressure Vacuum Breaker (SVB)

Manufacturer:	Main:	Bypass:	Size:	Main:	Bypass:
Model Number:	Main:	Bypass:	BPA Location:		
Serial Number:	Main:	Bypass:	BPA Serves:		

Reason for test:	New <input type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the assembly installed on a non-potable water supply (auxiliary)?				<input type="checkbox"/> Yes <input type="checkbox"/> No

TEST RESULT	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1 st Check	2 nd Check***				
PASS <input type="checkbox"/> FAIL <input type="checkbox"/>						
Initial Test Date: _____ Time: _____	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>)	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main: _____ Bypass: _____					
Test After Repair Date: _____ Time: _____	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Held at _____ psid

*** 2nd check: numeric reading required for DCVA only

Differential pressure gauge used:	Potable: <input type="checkbox"/>	Non-Potable: <input type="checkbox"/>
Make/Model:	SN:	Date tested for accuracy:

Remarks:

Company Name:	Licensed Tester Name (Print/Type):
Company Address:	Licensed Tester Name (Signature):
Company Phone #:	BPAT License #
	License Expiration Date:

The above is certified to be true at the time of testing.

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS



Certificate of Occupancy Application

Permit No. _____

Name of Business, DBA: _____

Business Address: _____ Suite: _____ Zip: _____

Business Contact/Owner Name: _____ Business Owner Phone#: _____

Business Contact Phone#: _____ Business Contact Email: _____

Check Applicable Box: Change of Occupancy Change of Name Change of Ownership

Primary Use of the Building (Be Specific): _____ # of Employees _____

Total Occupied Area in Sq. Ft. _____ Business Hours _____ Fire Sprinkler? Yes No

****Please provide a copy of your Texas Sales & Use Tax Permit when submitting****

Sales Tax # _____

Does your occupancy involve any of the following?

- Alcoholic Beverages Coin Operated Games (8 Liners, Etc. How many?) Daycare
- Semi-Conductor Compressed Gasses Explosives/Ammunition/Fireworks
- Reclaiming Waste Materials Assisted Medical Care Office (More than 5 Patients)
- Spray Painting Welding or Open Flame Woodworking/Dust Producing Equipment
- Other Hazards (Specify) _____ Food and/or Beverage processing, Storage or Sales
- 12 Ft. Height (Inside Building) Outdoor Vehicle Service/Garage Vehicle Repair
- Poisonous or Hazardous Chemicals/Acids Flammable Liquids or Gases Outdoor Storage or Display (30 Gallons or More Only)

*****Before we will release the C/O, please provide the Required initial/annual Backflow/RPZ testing report (if applicable) *****

NOTICE TO APPLICANT:

It is punishable by a fine up to \$2000.00 to operate a business or to use or occupy land or buildings (other than single family-duplex dwellings) without first having obtained a Certificate of Occupancy. If it is necessary to make more than one inspection, all reinspection's will result in a \$50.00 red tag fee, that will need to be paid before reinspection. Places where alcoholic beverages are sold, amusement centers, food service establishments, and massage establishments must also obtain a separate license with the State of Texas before issuance of the Certificate of Occupancy. Before a certificate of occupancy can be issued, the building or proposed use must comply with all building and health laws and ordinances and the City's zoning regulations. Any certificate of occupancy issued based on incorrect information supplied on this application can be revoked at any time. Signature of the occupant's agent constitutes approval for the city employees to enter the property for necessary inspections. I, the occupant, understand that I cannot operate a business or use or occupy the building without first obtaining a Certificate of Occupancy. I understand further that if this application is approved, the Certificate holder is responsible for abiding by all laws, ordinances, and regulations of the Town of Fairview, and that the Certificate holder will maintain the terms, conditions, and covenants of any site plan affecting the premises.

Applicant Name Printed

Signature of Applicant


Date

Approved by

Date

TEXAS SALES AND USE TAX PERMIT

Example of Texas Sales and Use Tax Permit:

 01.300
Rev. 10/17

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Merchants: A copy of this permit does not replace a resale or exemption certificate. You will be responsible for sales tax unless you have a valid resale exemption certificate on file.

You must obtain a new permit if there is a change of ownership, location, or business location name.

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

Type of permit: **SALES AND USE TAX**

Taxpayer number: [REDACTED]

Location number: [REDACTED]

TX [REDACTED]

NAICS CODE: [REDACTED] DESCRIPTION ON NEXT LINE:

Electronic Shopping

WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES

CITY: [REDACTED] EFF: 02/01/2012

TRANSIT: [REDACTED] EFF: 02/01/2012

First Business Date: 02/01/2012

Susan Combs
SUSAN COMBS
Comptroller of Public Accounts

YOU MAY NEED TO COLLECT SALES AND/OR USE TAX FOR OTHER LOCAL TAXING AUTHORITIES DEPENDING ON YOUR TYPE OF BUSINESS

The permit displays the following information:

- Taxpayer Name: Legal Entity Name
- Business Location Name: Legal Entity Name or Store Name
- Physical Location: Location Address in Fairview

State of Texas Sales Tax Number vs. Federal EIN:

- A Texas Sales Tax Permit is an 11-digit number issued by the State of Texas in the format of 1-23-4567890-1
- A Federal Tax Identification Number (FEIN) is a 9-digit number issued to businesses by the IRS in the format 12-3456789 and is issued on Form
- These numbers are not the same, and both numbers may be required for someone to do business.

For questions see <https://comptroller.texas.gov> and search Sales Tax Permit Requirements.



OUTDOOR LIGHTING CONFORMANCE CERTIFICATION

(This form covers all outdoor lighting excluding street lights and parking lot lights)

Town of Fairview Lighting Regulations

- Article 3.14 of the Town of Fairview Code of Ordinances
- Article 5 of the Commercial Plan Development District (CPDD) Standards and Guidelines (Adopted by Ordinance 2014-9-11B, as amended)

Please check if residential or commercial:

Residential Commercial

Fairview Address:

Please check the correct lighting district (Map located on page 3):

District 1 District 2

If in District 1, Article 3.14 of the Town of Fairview Code of Ordinances and Article 5 of the CPDD Standards and Guidelines requires the following (check the following if compliant):

- All exterior lighting fixture details have been submitted to the Town of Fairview for review and have been approved Article
- Lighting glare from any lighting source will not be directly visible from public view or from a residential unit and a maximum average of 1-foot candle at residential property lines has not been exceeded
- All fixtures are full cutoff. Any proposed fixtures not meeting the full cutoff requirement must be approved by minor warrant. All outdoor lighting fixtures approved by minor warrant shall not exceed 20,000 lumens per developed acre
- Lighting levels conform with standards established in Article 3.14 of the Town of Fairview Code of Ordinances and Article 5 of the CPDD Standards and Guidelines
- Lighting elements do not include flood, cobra head (unless LED), HID – mercury vapor and sodium vapor, high pressure sodium and fluorescent lights (except fluorescent bulbs that screw into standard socket fixtures)
- All other applicable provisions of Article 3.14 of the Town of Fairview Code of Ordinances and Article 5 of the CPDD Standards and Guidelines have been met on this site

If in District 2, Article 3.14 of the Town of Fairview Code of Ordinances requires the following (check the following if compliant):

- All exterior lighting fixture details have been submitted to the Town of Fairview for review and have been approved
- All outdoor lighting fixtures have been designed, located, installed, aimed downward or towards structures, retro fitted if necessary, and maintained in order to prevent glare, light trespass, and light pollution
- Light trespass at property lines does not exceed the maximum of 0.20-foot candles
- Light fixtures conform with shielding requirements applicable to fully shielded, partially shielded, and unshielded
- Lighting levels conform with standards established in Article 3.14 of the Town of Fairview Code of Ordinances
- All lamp types for new security lights are LED, metal halide, high-pressure sodium or low-pressure sodium. Security lights intended to illuminate a perimeter (such as a fence line) shall include motion sensors and be designed to be off unless triggered by an intruder located within five feet of the perimeter. The zone of activation sensors must be within the property boundaries of the property wishing to be illuminated.
- A maximum limit of 50,000 lumens per developed acre for all lighting irrespective of shielding conditions has not been exceeded. Unshielded and partially shielded lighting are limited to a maximum of 10,000 lumens per developed acre
- All floodlighting, that is not motion activated, is full cutoff or permanently directed downward
- Upward lighting is used in the form of one narrow cone spotlight for flags, statues, public art or other objects of interest that cannot be illuminated with down-lighting
- All other applicable provisions of Article 3.14 of the Town of Fairview Code of Ordinances have been met on this site

I, _____, do hereby certify that the exterior lighting
 printed name

meets or exceeds the outdoor lighting standards of the Fairview Code of Ordinances.

Signature: _____ Date: _____

STATE OF TEXAS §

COUNTY OF _____ §

This instrument was acknowledged before me on the _____ day of _____,

20_____, by _____

 Notary Public State of Texas



Dark Sky Ordinance

Fairview is dedicated to preserving the idyllic natural setting of this region. In 2006, we adopted a series of restrictions and guidelines designed to limit glare, reduce unnecessary light and control other light pollution. Our Dark Sky Ordinance helps to ensure adequate lighting only where it is needed in order to reduce spillover light between properties, increase safety for travelers and increase aesthetic value for our town. Our residents are able to take full advantage of a starry sky surrounded by plenty of nature, an experience unique to other cities in the DFW area.

Purpose and Intent: To regulate the installation and use of outdoor lighting fixtures in the town. This will improve night-time public safety, utility and security by restricting the night-time emission of light rays. These emissions are sources of light that trespass and cause unnecessary glare which are detrimental to the safety and security of persons, property and vehicular traffic.

Below is a compressed checklist for District 1 to act as an aid in compliance and not to replace or severe any of the requirements of Chapter 3 Building Regulations, Article 5 of the Commercial Plan Development District (CPDD) Standards and Guidelines, hereon referred to as the CPDD Security and Guidelines:

- Lighting glare from any lighting source will not be directly visible from public view or from a residential unit and a maximum average of 1-foot candle at residential property lines has not been exceeded
- All fixtures are full cutoff. Any proposed fixtures not meeting the full cutoff requirement must be approved by minor warrant. All outdoor lighting fixtures approved by minor warrant shall not exceed 20,000 lumens per developed acre
- Lighting levels conform with standards established in Article 3.14 of the Town of Fairview Code of Ordinances and Article 5 of the CPDD Standards and Guidelines
- Lighting elements do not include flood, cobra head (unless LED), HID - mercury vapor and sodium vapor, high pressure sodium and fluorescent lights (except fluorescent bulbs that screw into standard socket fixtures)

Below is a compressed checklist for District 2 to act as an aid in compliance and not to replace or severe any of the requirements of Chapter 3 Building Regulations, Article 3.14 of the Town of Fairview Code of Ordinances:

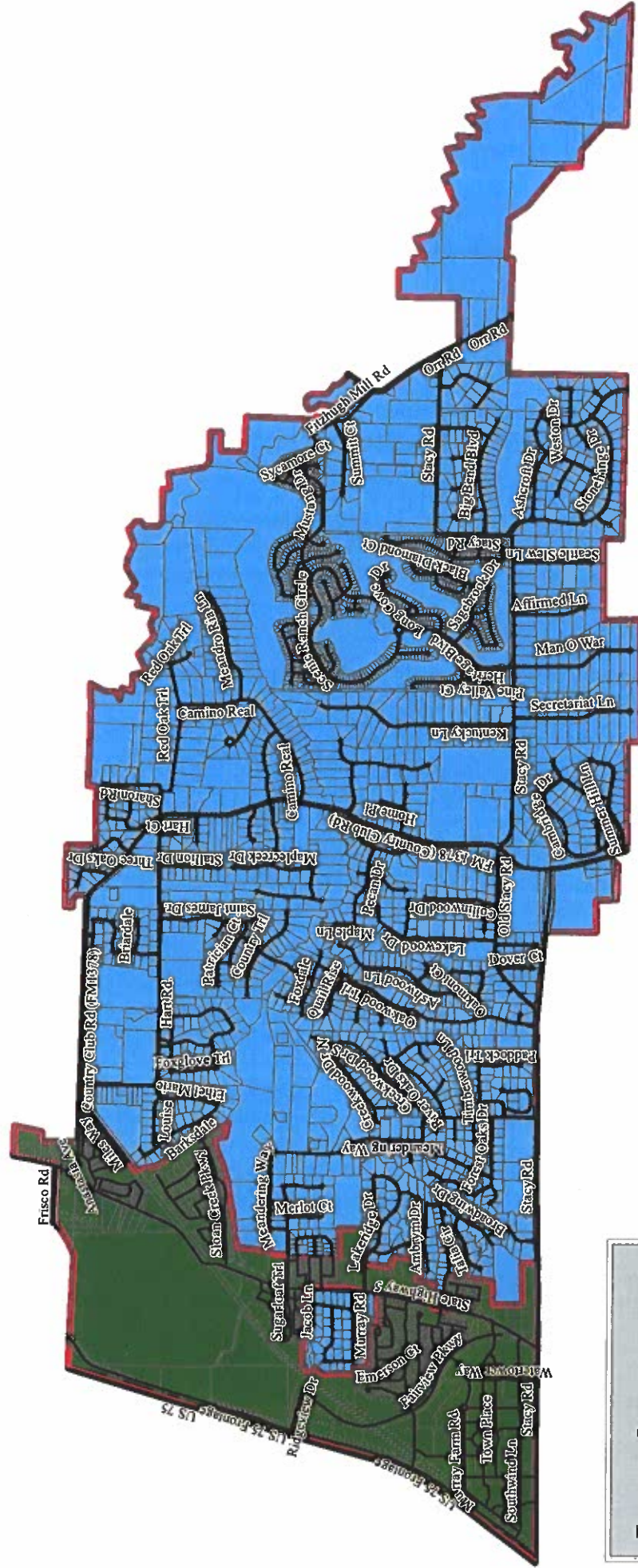
- All outdoor lighting fixtures have been designed, located, installed, aimed downward or towards structures, retro fitted if necessary, and maintained in order to prevent glare, light trespass, and light pollution
- Light trespass at property lines does not exceed the maximum of 0.20-foot candles
- Light fixtures conform with shielding requirements applicable to fully shielded, partially shielded, and unshielded
- Lighting levels conform with standards established in Article 3.14 of the Town of Fairview Code of Ordinances
- All lamp types for new security lights are LED, metal halide, high-pressure sodium or low-pressure sodium. Security lights intended to illuminate a perimeter (such as a fence line) shall include motion sensors and be designed to be off unless triggered by an intruder located within five feet of the perimeter. The zone of activation sensors must be within the property boundaries of the property wishing to be illuminated.
- A maximum limit of 50,000 lumens per developed acre for all lighting irrespective of shielding conditions has not been exceeded. Unshielded and partially shielded lighting are limited to a maximum of 10,000 lumens per developed acre
- All floodlighting, that is not motion activated, is full cutoff or permanently directed downward
- Upward lighting is used in the form of one narrow cone spotlight for flags, statues, public art or other objects of interest that cannot be illuminated with down-lighting
- Accent lighting may shine upward if the light is contained by the structure and the lamps are low intensity

OUTDOOR LIGHTING STANDARDS ARE DIFFERENT FOR DISTRICT 1 AND 2, BE SURE AND CHECK WHICH STANDARDS APPLY TO YOUR DEVELOPMENT.

Thank you for helping Fairview maintain its beauty at night as well as the daytime country living that we have all come to enjoy.



Town of Fairview Lighting Districts



Legend

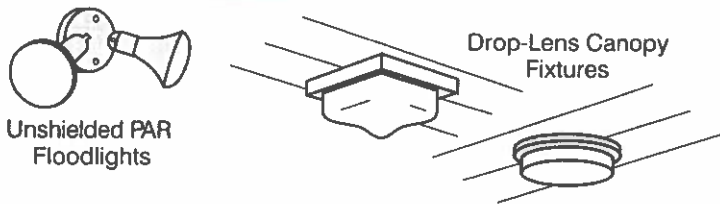
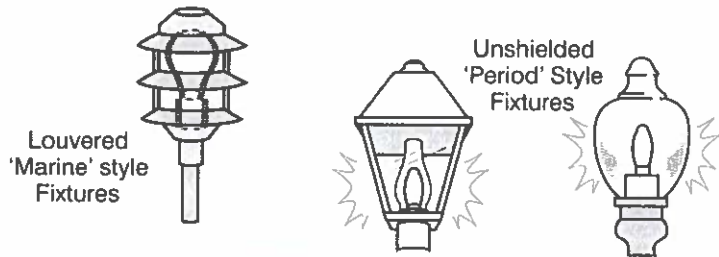
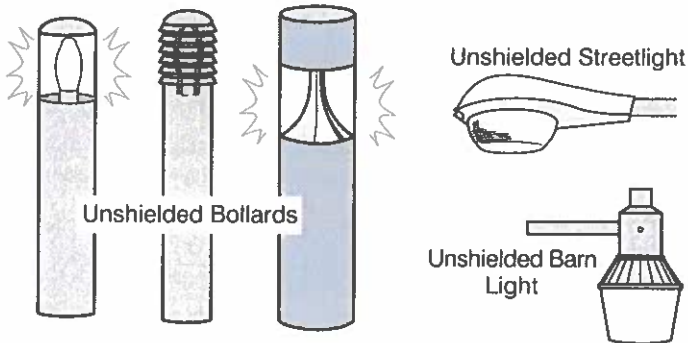
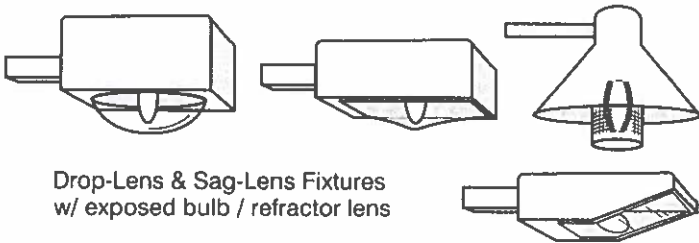
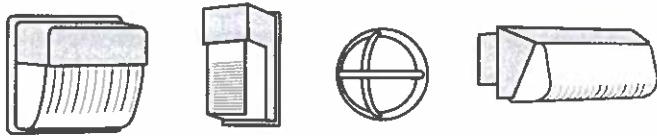
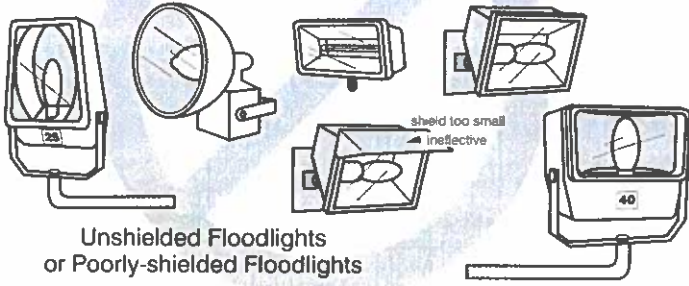
- Streets
- Fairview Parcels
- District 1
- District 2



Examples of Acceptable / Unacceptable Lighting Fixtures

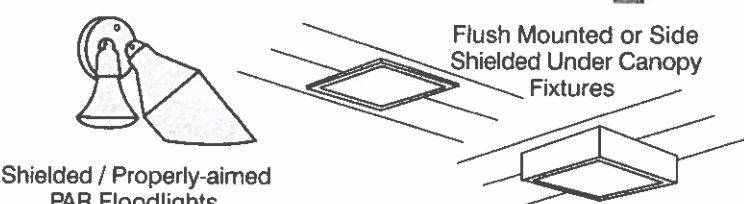
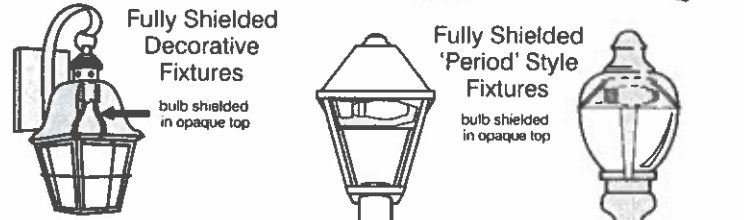
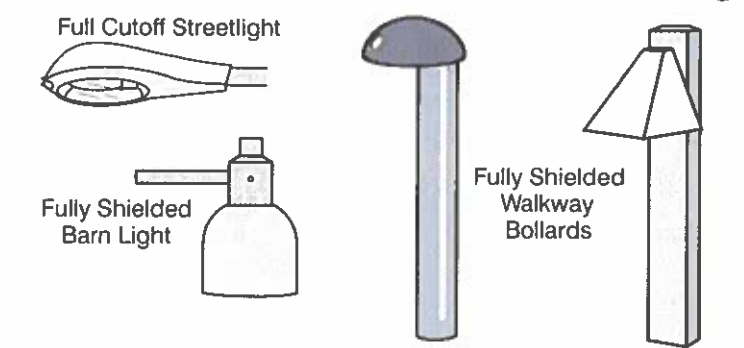
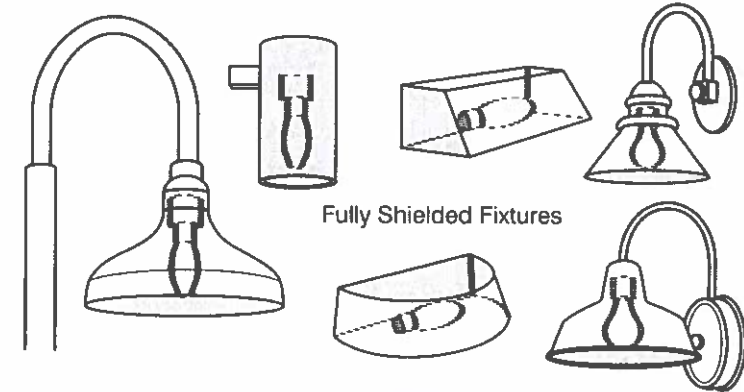
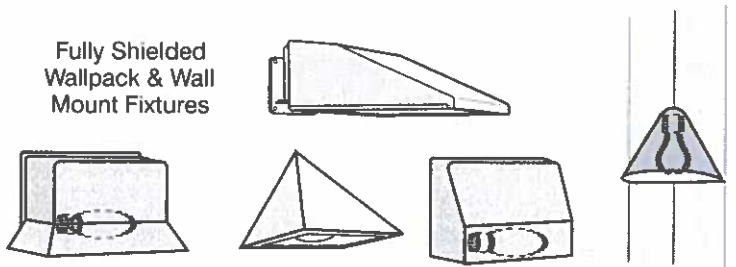
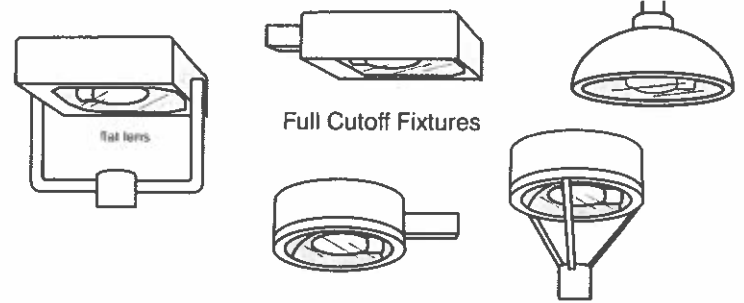
Unacceptable / Discouraged

Fixtures that produce glare and light trespass



Acceptable

Fixtures that shield the light source to minimize glare and light trespass and to facilitate better vision at night





**New/Remodel Commercial Construction
Inspection Checklist
(Permit Pack must be onsite at time of Inspection)**

___ **T-Pole:** It can be called in at any time

___ **Plumbing Rough:** This includes plumbing rough, yard services, water and sewer (this can be done separately) if applicable and Gas Underground. Form Board survey must be on site at time of Inspection

___ **Piers and Slab:** In lieu of inspection we will accept an engineer letter stating that it was inspected, and it meets their design.

___ **Ufer Ground:** If using pex piping you will need to have a second means of grounding.

___ **Electrical Underground:** Pole lights and service conduits.

___ **Underground Gas:**

___ **Paving:** A driveway must be present before going vertical on the building

___ **Exterior wrap Inspection:** This is an optional inspection for when exterior brick or stucco needs to be done before the framing inspection. Brick ties or metal lath must be installed.

___ **Wall Rough:** This includes framing, electric rough, plumbing top out, exterior wrap (if not inspected above), Roofing and windows must be installed and building dry in. Partial inspections can be done, but please try to limit the number of inspections.

___ **Fire Hydro/Visual:** This inspection is done by the Fire Marshal and must be done before framing inspection. Call Travis Green at 972-886-4232

___ **Energy Rough Inspection:** This inspection is done by your 3rd party energy inspector

___ **Duct Rough:** Mechanical Rough.

___ **Temporary Utility:** Gas and electric. All gas outlet must be connected to appliance or shut off and cap installed. All electrical outlets need to have receptacle, light fixture, appliance installed or capped with cover.

___ **Demising Wall or Fire Walls:** All holes need to be sealed and fire caulk any penetrations sealed.

___ **Ceiling Cover:** Electrical rough, plumbing Top out, Ceiling Grid and demising walls if not inspected separately.

___ **Energy Final:** This inspection is done by your 3rd party energy inspector. This inspection must be done before calling Building Final

___ **Fire Sprinkler Final & Fire Alarm Final:** These inspections are done by the Fire Marshal and must be done before building final inspection. Call Travis Green at 972-886-4232 or email him at tgreen@fairviewtexas.org. *(If applicable)*

___ **Health Final:** This inspection is done by the Health inspector and must be done before building final inspection. Call Julie Fernandez at 214-436-3592 or email him at jstallcup@msn.com. *(If applicable)*

___ **Building Final:** Building, Electrical, Plumbing and Mechanical finals. Must have Energy Final Compliance form (From 3rd party inspector), Engineer letter for foundation stating it was inspected and meet his/her design, Termite Letter, Final Drainage survey

Other inspections that may be needed: grade beams, Grease duct, Grease Hood (light test required), Tilt wall panels, and retaining walls. Depending on the job, there may be additional inspection needed.

To request your inspection please call the Inspection Request line at 972-886-4250 before 4:00 PM to receive your inspection the next business day.

If you call in your inspection on Saturday or Sunday you will not receive your inspection until Tuesday.