



# CITY OF LAREDO

## BUILDING DEVELOPMENT SERVICES DEPARTMENT

1120 San Bernardo Ave, Laredo, Texas, 78040 • Phone: 956.794.1625 • Fax: 956.795.2998

### BUSINESS APPLICATION FORM

DATE: \_\_\_\_\_ PERMIT#: \_\_\_\_\_  
SUBJECT: NEW BUSINESS \_\_\_\_\_ EXISTING/CHANGING OWNERS \_\_\_\_\_  
NAME OF BUSINESS: \_\_\_\_\_ OWNERS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ OWNERS ADDRESS: \_\_\_\_\_  
BUSINESS TELEPHONE: \_\_\_\_\_ CELL PHONE OF OWNER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ IS OWNER CORPORATION: YES \_\_\_\_\_ NO \_\_\_\_\_  
MANAGER OF BUSINESS: \_\_\_\_\_ NAME OF REGISTERED AGENT: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_ COUNCIL DISTRICT: \_\_\_\_\_

NOTE: YOU MUST MEET ALL REQUIREMENTS FROM EACH DEPARTMENT ON REVERSE SIDE BEFORE YOU CAN OPEN YOUR BUSINESS.

Attention: To All Business Applicants,

Please be advised that you are applying for a new business (Ordinance No. 2012-O-154) and that there is a process that needs to take place before you can open your business. Once your application is approved by a Zoning Officer, a fifty dollar (\$50.00) fee will be charged to process your application by the Building Development Services Department. It will then be distributed to the Health, Building, Right-of-Way, Environmental, and Utilities Departments. Once these departments have approved your location, you will require an inspection from the Fire Department. The Fire Department requires a fee of fifty dollars (\$50.00) in a check or money order only, before an inspection can be done. This is the final inspection. Once the inspection is completed, deliver the fire inspection report to the Building Development Services Department. The Building Department will prepare a Certificate of Occupancy for your business. This document states that you have complied with all the requirements of the City of Laredo. With this document you will be able to open your business.

The information provided is true and correct, and any omission or misstated information will result in the application process stopping of the permit being revoked. I hereby state all information submitted is truthful and accurate.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Business Owner

Please text my cell phone with inspection requests.

## DEPARTMENT CHECKLISTS

NOTE: YOU MUST MEET ALL REQUIREMENTS FROM EACH DEPARTMENT BEFORE YOU CAN OPEN YOUR BUSINESS.

Amusement Redemption   
  Bar   
  Restaurant Serving Alcohol   
  Nationalization   
  Drive-Thru   
  Other  
 Type of Building Construction: \_\_\_\_\_

TO CORRESPONDING DEPARTMENTS:

	APPROVED	DISAPPROVED	SIGNATURE & DATE
<b>ZONING DIVISION</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Zoning District _____	Restrictions: _____		
Type of Business _____			
Platted Property _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Legal Description _____			
Special Use Permit _____	Ordinance # _____		
Conditional Use Permit _____	Ordinance # _____		

<b>BUILDING DEPARTMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Ext - LANDSCAPING _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
No of Trees/ Shrubs _____	Ordinance _____		
Ext - PARKING _____			_____
No of Spaces _____	No of Accessible _____		
Lot Condition	<input type="checkbox"/> New	<input type="checkbox"/> Fair	<input type="checkbox"/> Acceptable
Striped	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Poor
			<input type="checkbox"/> Unacceptable
Ext - MEASUREMENTS OF BUILDING USE _____			_____
Ext - Address / Suite # Visible _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Ext - Multi-Tenant complex _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Int - Fire Separation required _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Int - BATHROOMS _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
No of Restrooms _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Family
Int - PLUMBING _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Int - ELECTRICAL _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Int - MECHANICAL _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Int - OCCUPANT LOAD _____			_____
REDEMPTION MACHINES ALLOWED _____	PERMIT#: _____		_____

<b>RIGHT OF WAY</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Entrance _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Driveway Width _____	Driveway Width _____	Ramps _____	

<b>HISTORIC PRESERVATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>HEALTH DEPARTMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UTILITIES</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ENVIRONMENTAL ENGINEERING</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FIRE DEPARTMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	
PERMIT#: _____			

**ATTACH DRAWING OR SKETCH**

*Applicant Signature of Acknowledgement of Requirements* \_\_\_\_\_ *Date* \_\_\_\_\_