



COMMERCIAL BUILDING PACKET INDEX

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The Town of Cross Roads will start processing your commercial building application as soon as the complete application is received. The application must be filed a minimum of 20 calendar days prior to the Planning & Zoning meeting at which the application will be considered. All corrected re-submittals must be filed 10 calendar days prior to the Planning & Zoning meeting at which the application will be considered.

TOWN OF CROSS ROADS COMMERCIAL PERMIT APPLICATION

Date: _____	Application # _____		
Permit Address			
Business Name	Finished Sq Ft		Unheated Sq Ft
Property Description (Acreage or Sq Ft of Lot)	Lot	Block	Legal Description
Description of Work/Intended Use: (Materials exterior & roof, New, Remodel, Expansion, etc.)			
General Contractor		Phone	
Email Address:		Fax:	
Owner/Tenant		Phone	
Mailing Address			
Electrical Contractor		Phone	
Plumbing Contractor		Phone	
HVAC Contractor		Phone	
Other Contractor		Phone	
<p>I agree to allow no work on which separate Permits are required (signs, gasoline tanks, plumbing installations, electrical work, awnings, etc.) to be done until such Permits are obtained. I have carefully examined and read the completed and know the same to be true and correct, and hereby agree that if a Permit is issued, all provisions of the Town Ordinances and State laws will be complied with, whether herein specified or not. This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I also agree that this Permit is not transferable to any other party (ies) I have filed a MSDS for all hazardous materials with the Aubrey Fire Department.</p> <p>*If construction is not completed within 1 year, applicant must apply to Planning and Zoning for an extension of the original Building Permit. I verify that this building site does not lie within the 100 YEAR FLOOD PLAIN.</p> <p>Property Owner's Signature _____ Date _____</p> <p>Applicant Signature _____ Date _____</p> <p>Applicant Name (Please Print) _____ Tel #: _____</p>			
For Office Use Only			
Date rec'd Application _____	Rec'd by _____	Culvert Application _____	Septic Plans _____
Site Plan _____ (4) Sets of Building Plans _____	CD of Building Plans _____	(2)Engineered Foundation Plans _____	Energy _____
Code Info _____	Sub Contractor Info _____	Architectural Review _____	Inspector's Review _____
Plan Review Amt. _____	CK # _____	Date Rec'd _____	Receipt # _____
Septic Review Amt. _____	CK # _____	Date Rec'd _____	Receipt # _____
Bldg Permit Amt. _____	CK # _____	Date Rec'd _____	Receipt # _____
Inspections/C of O/			
Culvert Amt. _____	CK # _____	Date Rec'd _____	Receipt # _____
Permit Issued by _____		Date _____	



COMMERCIAL BUILDING PERMIT APPLICATION PROCEDURES

STEP I. Information required by Building Inspector and Architectural Review Committee in order to review permit applications. Please read and initial each item when complete.

- A. Six complete sets of blueprints/plans, in appropriate 1/4 in scale, identifying all proposed exterior building materials. Two of the blueprints on 11" x 17" paper. A CD containing plans is also required. _____ (Initial)
IF WHITE BOX FINISH: FINISH OUT PLANS, FIXTURE PLAN SHOWING FURNITURE, COUNTERS ETC. FOR EXITING INFORMATION AND LIGHTING PLANS.
- B. Culvert Permit Application and Installation Guidelines. Final Inspection will not be done until culvert(s) is/are installed and inspection passed. _____ (Initial)
- C. Site Plan _____ (Initial)
- 1) Scaled plan with all property boundaries delineated. State Law states that you may only build on plated piece of property. The exception to this is if the property was subdivided by metes and bounds prior to 7/7/77. Documentation of the legality of the subdivision will be required if not on file with the Town. ____ (Initial)
 - 2) Copy of final plat for building location must be turned in with permit application. This is to confirm building site is out of the 100 year flood plain. _____ (Initial)
 - 3) Proposed building locations with total square foot and setback dimensions, easements, other existing structures, distance proposed structure will be located from all property lines, proposed structure and/or existing septic systems and lateral fields. (Initial)

 - 4) Tree survey site plan _____ (Initial)
 - 5) Total site acreage. (Minimum 1 acre required) _____ (Initial)
 - 6) Copy of the legal description. _____ (Initial)
 - 7) Structural Engineer's Foundation Plan _____ (Initial)
- D. Completed Septic Application if property will not be serviced by a sewer system. If sewer system is available for location, submit a letter from the company providing the sewer service. Type of proposed septic system, engineered design, affidavit to the public with county clerk's stamp, original copy of maintenance agreement with owner and provider signatures, and copy of installer's license, current address, telephone number, and application fee. The town's Environmental Health Inspector, Tom Bailey, will review. Questions concerning septic application call Mr. Bailey's office (972) 977-2665.
_____ (Initial)



- E. Com Check reports required detailing compliance with 2003 International Energy Conservation Codes. ____ (Initial)
- F. Inspections includes Culvert, Plumbing rough, Foundation, Group 1 (plumbing stack out, electrical rough, mechanical rough/duct and framing), Insulation, Conditional Permanent Power, Final Energy Code, Final / Group 2 (plumbing, electrical, mechanical,), Final Building, Final landscaping, Refuge container screening, Parking lot, and Fencing. Commercial permanent utilities meter released after septic final and filing of Certificate of Occupancy form with the town clerk. _____ (Initial) Call 940-365-9693 with inspection requests.
- G. Builder and Sub-Contractor Information - Copy of State Registration, drivers' license, and the Town's registration form for builder. Copy of license (registration), driver's license, and Town's registration form for septic, plumbing, HVAC and electrical contractors. All contractors must apply in person for Contractor ID cards and pay annual fee. ____ (Initial)
- H. Landscape Plan per Code, must include sprinkler system. ____ (Initial)
- I. Signs depicted on building application drawings must be approved separately – see sign permit application. ____ (Initial)

STEP II. Submit Completed & Signed application documents with information above to the Building Clerk a minimum of twenty (20) calendar days prior to Planning & Zoning meeting held on the 1st Tuesday of each month. All corrected submittals must be filed 10 calendar days prior to the Planning & Zoning meeting at which the application will be considered. The Building Clerk will start processing your commercial building application as soon as the completed application is received. Any materials submitted after that time will not be considered until the following month. Incomplete and/or unsigned applications will be returned without action. _____ (Initial)

STEP III. The Town Council, which meets on the 3rd Monday of the month, will review application documents, and approve or deny building permits forwarded to them from the Building Inspector, Architectural Review Committee, and Planning & Zoning. If approved, the Building Clerk will issue the building permit, subject to payment of all applicable permit fees. If application is denied, any building permit fees paid up to that point would be refunded, with a written explanation for denial. This does not include septic, culvert, or plan review fees. In addition, the applicant has the right to appeal. _____ (Initial)



STEP IV. Responsibilities and Duties of Applicant

- A. Post permit on site during construction process. _____ (Initial)
- B. Provide Capped 2" X 36" PVC tube on temporary electrical post for on-site set of plans and inspection reports. _____ (Initial)
If there is a construction trailer on site, plans and inspection reports can be stored there.
- C. Notify builder/general contractor of designated truck routes approved by the Town Council within the town limits for delivery of construction materials. (Town will provide map of designated routes.) _____ (Initial)
- D. Construction Debris Removal - Contact IESI at (800) 909-9061 _____ (Initial)
- E. A portable sanitary restroom for your workers MUST BE on your property until the final inspection is passed. _____ (Initial)
- F. Project name, parcel number, and address must be posted on building site and be visible from public access to building site. Letters must be a minimum of 6" high. _____ (Initial)
- G. Set a meeting with Building Clerk to discuss: fencing, dumpsters, portable sanitary restrooms, tree protection.

Please initial & date all above locations and sign below that you understand and agree to the above stated conditions.

_____ Date _____
Property Owner's Signature

_____ Date _____
Applicant's Signature

INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL BE RETURNED WITHOUT ACTION.

IF A BUILDING PERMIT IS NOT OBTAINED PRIOR TO START OF CONSTRUCTION, BUILDING FEES WILL BE DOUBLED AND A FINE OF UP TO \$200.00 PER DAY MAY BE ASSESSED.



Business Description

Office (describe) _____
Warehouse (describe) _____
Manufacturing (describe) _____
Retail (describe) _____
Other (describe) _____

In square feet where applicable

Area _____ Height (feet) _____ New Construction _____
Remodel _____ Expansion _____

Maximum Occupancy _____ Number of Exits _____
Number of Employees _____ Number of Parking Spaces _____
Number of Restrooms _____

Septic permit required before building permit can be issued for projects not serviced by sewer.
Please answer all statements.

Fire Sprinklers Yes _____ No _____
High-piled combustible storage (see definition below) Yes _____ No _____
Hazardous Materials ** (see definition below) Yes _____ No _____
Do you plan to use or process compounds with the potential
for generating odor Yes _____ No _____
Do you plan to utilize machinery or processes with the potential
for generating noise? Yes _____ No _____
Do you plan to use compounds or processes that require the
acquisition of a permit from the Texas Commission on
Environmental Quality Yes _____ No _____
Do you plan to introduce any materials or manufacturing
by-products into the septic systems other than ordinary water? Yes _____ No _____

*** Please provide MSDS for all Hazardous Materials.***



High-Piled Combustible Storage is combustible materials or packaging in closely packed piles more than 12 feet in height or combustible materials on pallets or in racks more than 12 feet in height for certain special- hazard commodities such as rubber tires, plastic, etc. The critical pile height may be low as 6 feet. Hazardous Materials are those chemicals or substances, whether in usable or waste conditions, in the following categories:

Hazardous Materials	Container Size & Type	Proposed Quantities
Compressed Grease		
Corrosive		
Cryogenics		
Explosives & Blasting Agents		
Flammable & Combustible Liquids		
Flammable Solids		
Toxic Materials		
Organic Peroxides		
Oxidizers		
Pyrophoric Materials		
Unstable Material		
Water Reactive Material		
Other Health Hazards		

Property Owner Signature _____ Date _____

Applicant Signature _____ Date _____



LIST OF REQUIRED COMMERCIAL BUILDING INSPECTIONS

PLEASE CALL 940-365-9693 TO SCHEDULE INSPECTIONS. WORK MUST BE READY BEFORE CALLING. ALLOW 48 HOURS FOR INSPECTIONS TO BE COMPLETED.

1. T/POLE AND TEMPORARY CULVERT INSPECTION COMPLETE (a temporary culvert must be installed and available for inspection when T/Pole inspection is requested.)
2. PLUMBING ROUGH WITH SAW SERVICE.
3. PLUMBING ROUGH (May be done in sections)
4. FOUNDATION WITH SET-BACKS. MUST HAVE FORM SURVEY ON SITE. (May be done in sections. Also may call grade beams, piers, footings in separately)
5. PLUMBING STACK OUT. (May be done in sections)
6. ELECTRICAL ROUGH. (May be done in sections)
7. MECHANICAL/DUCT ROUGH. (May be done in sections)
8. FRAMING. (May be done in sections)
9. INSULATION AND INITIAL ENERGY CODE. (May be done in sections)
6. CONDITIONAL PERMANENT POWER INSPECTION (BOX ON BUILDING).
7. FINAL ENERGY CODE
8. FINAL LANDSCAPING, REFUSE CONTAINER SCREENING, PARKING LOT, AND FENCING.
9. ALL FINALS PLUMBING, ELECTRICAL, MECHANICAL, BUILDING. (May break inspections out separately.)

NEED TO SUBMIT COMPLETED APPLICATION FOR
CERTIFICATE OF OCCUPANCY FORM AT THIS TIME IN ORDER TO RELEASE
PERMANENT POWER.

Town of CrossRoads

Required Information for Commercial Plan Review

ComCheck Reports, including envelope, lighting and mechanical, should be completed and submitted by the architect who creates the plans. If this is not provided, the following information will be needed in order to process your permit.

1. Elevations with exterior wall dimensions.
2. Window and door dimensions, as well as performance factors for all glass. (U-Factor and Solar Heat Gain Coefficient/SHGC)
3. Insulation R-values for walls, roofs and ceilings.
4. Specifications for all HVAC units. Also, insulation R-values for all duct work.
5. Specifications for all water heaters and boilers.
6. Specifications for all light fixtures including number and type of each fixture, number of lamps in fixture, number of ballasts in fixture, and fixture wattage.
7. Intended use of each area of building.



**TOWN OF CROSS ROADS
CONTRACTOR REGISTRATION FORM**



Office: 940-365-9693 Fax: 469-375-5905
1401 FM 424, Cross Roads, Texas 76227
Email completed registration to applications@crossroadstx.gov

Date Submitted: _____

TYPE OF REGISTRATION:

- Builder/General Contractor: HVAC: Electrical:
 Fire Suppression (no fee): Septic: Other:
 Plumbing (no fee):

COMPANY INFORMATION

Company Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Daytime Phone: _____
 Fax Number: _____
 Email Address: _____

CONTRACTOR INFORMATION

Contractor Name: _____
 Contractor License Number: _____
 Contractor License Type: _____
 Expiration Date: _____
 Will your sales tax be applied to Cross Roads for projects done within Cross Roads? Yes No

ITEMS NEEDED AT TIME OF SUBMISSION

- Legible copy of current driver's license
- Legible copy of current contractor's registration/or license
- Copy of General Liability Coverage

**We must have a CURRENT copy of contractor's registration/or license.
 If you submit with non-current information, you will be considered NOT registered
 and must resubmit this registration form with current information.**

ANNUAL REGISTRATION FEE: \$50

Town of Cross Roads' Use Only

Date completed application received: _____
 Amount Due: _____
 Receipt Number: _____
 Expiration Date: _____



Street Approach/Culvert Permit Application

Applicant's Name: _____
Last First Middle

Owner's Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip Code

Applicant Email Address _____

Property Owner Email Address _____

Applicant's Phone Number: _____
Home Work Mobile

Owner's Phone Number: _____
Home Work Mobile

Contact Name: _____ Phone#: _____

Length of culvert including sloped headwalls: _____

Location Description: _____

Distance from side property lines: _____

Number of culvert permits needed: _____

Office Use

Date Requested _____ Date Issued _____ Rec. Clerk _____

Date Inspected _____ Inspector _____

Check # _____ Receipt # _____



Guidelines for Installing a Street Approach/Culvert

1. The Culvert Application is good for 60 days if it is a culvert application only.
2. New construction. The culvert will need to be complete before a Certificate of Occupancy can be issued. A temporary culvert has to be in place at the same time the first inspection is called for.
3. The permit applicant will mark the proposed location of the culvert by two stakes or flags and have the sloped headwalls formed and readied for cement before inspection. **(INSPECTION MUST BE REQUESTED BEFORE THE POURING OF THE HEADWALLS)**
4. The culvert must be placed in the flow line of the ditch.
5. The culvert size is determined by engineering of the subdivision or by the Town Engineer.
6. The minimum culvert driving surface width off a Town road is 15 feet.
7. The culvert shall have soil composition covering the culvert of either a minimum 3 ½” of hard surface cover or 6” of ground road base materials.
8. All culverts must have concrete safety ends. A concrete safety end – is to be sloped with a minimum ratio of 4:1 length culvert diameter and a minimum 1 foot wide concrete perimeter around the edge of the sloped end.
9. A road transition tie-in, is required where driveway meets Town Road e.g. no gap between driveway and road pavement. If the driveway is constructed of concrete, there must be a 12” asphalt area between the edge of the road pavement and the concrete.
10. The permit issued by the Town of Cross Roads must be posted by the area so that the inspector can sign off on it.
11. Certificate of Occupancy will not be issued until Inspection of culvert has been approved.



Application for On-Site Sewerage Facilities

_____ New Installation _____ Modification

Date _____

1. Property Owner's Name _____
2. Site Address _____
3. Telephone No. During Day _____
4. Builders Name & Address _____
5. Property Description: Lot _____ Size _____ Block _____ Sec _____
6. Source of Water:
Private Well _____ Public Water Supply _____

TYPE OF DEVELOPMENT

7. Single Family Residence: No of Bedrooms _____ Living Area (sq.ft.) _____
Approximate no. of People to be served by system _____
8. Commercial/Institutional (including multi-family residences) Type _____
9. Is an organized Sewage Collection within 300 feet _____ Yes _____ No
10. Person performing Soil Analysis _____
11. Designer _____ License No. _____
(PEorRS)
12. Installer _____ Registration No. _____
Phone Number _____

A sketched map of the lot, drawn to scale, showing the size of the lot and the dimensions and location of all existing buildings on the lot which are intended to remain after the final inspection of the septic system is made, shall be included in this application.

I certify that the above statements are true and correct to the best of my knowledge.

Authorization is hereby given to the Town of Cross Roads to enter upon the above described private property for the purpose of lot evaluation and inspection of on-site sewerage facilities. I understand that the approval of this application constitutes authorization for construction of the on-site sewerage facilities and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this commission's " Construction Standards For On-Site Sewerage Facilities".

Owner's Signature and Date Signed



ON-SITE SEWERAGE FACILITY TECHNICAL INFORMATION

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN A HIGHER PERMIT FEE OF
CIVIL/ADMINISTRATIVE PENALTIES.

Owners Name: _____ County: _____

PROFESSIONAL DESIGN REQUIRED: _____ YES _____ NO
(If yes professional design attached _____ YES _____ NO)

SEWER (House Drain); Type and Size pipe: _____ Slope of sewer pipe to tank _____.

SEPTIC TANK:

- A. TYPE? (check one) Two-Compartment _____ Two Singles in series Tank Construction material _____
- B. INTERNAL DIMENSIONS: Round tank diameter _____ liquid penetration depth-inlet _____
Liquid depth (bottom of tank to outlet) _____ Liquid penetration depth-outlet _____
Rectangle tank length/width _____.
- C. CAPACITY: Size required _____ Proposed _____

SOIL TEST:

NOTE INFORMATION WORKSHEET MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

Perk Rate _____ Soil type _____ Performed by _____ Ph No. _____

DISPOSAL AREA:

Type _____ Minimum area required _____ Trench width or bed size _____
Distance between trenches/beds _____ Type and Size of media _____
Type and Diameter of pipe _____ Type of barrier _____ Trench Depth _____

PLOT PLAN:

NOTE: THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

Two copies of the plans & plats are required. These plans & plats MUST include the following.

- 1. Owner's Name
- 2. Lot Size
- 3. Property Lines
- 4. Septic Tank (s) Location
- 5. Trench and/or Bed Locations
- 6. SEE (Length, width, and square footage)
Bed or Trench Drain Field
- 7. Location of Clean Outs
- 8. Water Wells, Including neighbors wet is within 150 feet
- 9. The following linear distances, if applicable.
- 10. Other, as Required

FROM:	TO:	SEPTIC TANK	DISPOSAL FIELD
Water wells, underground cisterns/pump suction pipes		_____	_____
Water supply lines and property lines		_____	_____
Streams, ponds, and lakes		_____	_____
Sharp slopes and breaks		_____	_____
Foundation, structures & surface improvements		_____	_____
Disposal field's		_____	_____
Swimming Pools		_____	_____

Date visited: _____



ON-SITE WASTEWATER SYSTEMS CHECKLIST for PROFESSIONALLY DESIGNED SYSTEMS

The following information must be included with the design package for review by the Town of Cross Roads. Failure to include or address all of the following items may result in approval delays.

1. Plans and reports must bear a signed and dated seal of the responsible registered engineer or Sanitation. The address and telephone number of this person must also be included in the submittals.
2. A report must be included in the submittals containing the following information.
 - A.____ Base of design.
 - B.____ Soil analysis and percolation test results.
 - C.____ System flow diagram and sizing calculations.
 - D.____ Material specifications and
 - E.____ Size and model of approved aerobic system(if used).
3. Construction drawing must include the following information.
 - A.____ A scaled, legible site plan with boundary description.
 - B.____ The location of all buildings(existing or proposed) on the site plan.
 - C.____ The location of the wastewater treatment units and disposal area.
 - D.____ Buffer zones and water wells must be identified and located on the site plan.
 - E.____ The site plan must also include topographical contours for slopes greater than 15 percent.
 - F.____ Easements and bodies of water (lakes,streams,ponds) must also be identified
4. Additional requirements for aerobic systems with surface irrigation disposal.
 - A.____ Two-year maintenance agreement.
 - B.____ A copy of the Affidavit and documentation that same has been recorded by the County Clerk.
- 5.Request for inspection to be called into Tom Bailey (972) 977-2665

Designer Signature

Date

Designer Printed Name

Telephone

Address

(Designer's Seal)

City, State, Zip Code



AFFIDAVIT TO THE PUBLIC

THE COUNTY OF DENTON
STATE OF TEXAS

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of Denton County, Texas.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSF's). Additionally, the Texas Water Code (TWC) Section 5.012 and Section 5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TCEQ, under the authority of the TWC and me Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSF's are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority of Cross Roads, Texas. This recorded affidavit is not a representation of a warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code 285.91(12) will be installed on the property described as (insert legal description):

The property is owned by (insert owner's full name):

The OSSF shall be covered by a continuous service agreement for the first two years. After the initial two-year service agreement, the owner of an aerobic treatment for a single family residence shall either obtain a maintenance contact within 30 days or maintain the system personally.

The owner will, upon sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the DFW Region Office.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 20_____.

OWNER(S) SIGNATURE: _____

Sworn and subscribed before me on this _____ day of 20_____

Notary Public, State of Texas

Notary's Printed Name: _____

My Commission Expires



AFFIDAVIT TO THE PUBLIC

THE COUNTY OF DENTON
STATE OF TEXAS

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The owner will, upon sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the DFW Region Office.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 20_____.

OWNER(S) SIGNATURE: _____

Sworn and subscribed before me on this _____ day of 20_____

Notary Public, State of Texas

Notary's Printed Name: _____

My Commission Expires



TREE REMOVAL PERMIT APPLICATION

Based on Town of Cross Roads Ordinance # 2005-0613-05

Date: _____

Name: _____ Property Owner: _____
(Applicant) (If Different)

Property Address: _____

Phone: _____ email: _____

REASON FOR PERMIT REQUEST

A Tree Preservation and Protection permit is required for the following:

- Tree 18 inches or greater DBH (diameter at breast height/ 4 ½ foot height).
- Undeveloped residential development property or lots prior to any clearing of trees over 6” in DBH. Tree preservation plan must be submitted prior to clearing any trees larger than 6” DBH.
- Agricultural/Residential property greater than 3 acres in size – permit required for removing trees 6” or greater DBH including dead trees.
- Commercial development **PRIOR** to any clearing or removal of trees or other action that could impact the trees.
- Dead trees over 6” DBH (diameter at breast height/4 ½ foot height). Describe below
- No trees on the property

Description of Action: _____

(Please attach an additional sheet if more space needed)

DOCUMENTATION ATTACHED

- Photos
- Tree Preservation Plan
- Tree Location
- Map
- Signed Affidavit
- Other _____

OFFICE USE ONLY			
Rec'd by: _____	Date _____	Time _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature: _____			
Date: _____			
Reason: _____			



**TOWN OF CROSS ROADS
SIGN PERMIT APPLICATION**

Office: 940-365-9693 Fax: 469-375-5905
1401 FM 424, Cross Roads, Texas 76227

Email completed application to applications@crossroadstx.gov



Date Submitted: _____

**ONE APPLICATION PER SIGN IS REQUIRED
ALL BLANKS MUST BE FILLED IN FOR APPLICATION TO BE COMPLETE**

SIGN INFORMATION

Address/Location of Proposed Sign: _____

Temporary:

Permanent:

Type of Sign:

Style of Sign:

Commercial:

Construction:

Free Standing (\$155): Wall (\$85):

Political:

Special Event:

Monument (\$155):

Real Estate:

Banner (Temporary only, no charge):

BUSINESS / PROPERTY INFORMATION

Business Name: _____

Daytime Phone: _____

Owners Address: _____

City, State & Zip: _____

Email Address: _____

APPLICANT INFORMATION

Name: _____

Daytime Phone: _____

Address: _____

City, State & Zip: _____

Email Address: _____

Status of Applicant: Owner

Agent

ITEMS NEEDED AT TIME OF SUBMISSION

- Map. A 1/4" scaled location map clearly showing the placement of the proposed sign in relation to adjacent streets and distance to adjacent streets
- 1/4" Scaled colored drawing with dimensions, including wall dimensions for wall signs
- Description of materials used in construction of sign
- Digital Copy of ALL submitted items
- Application Fee

**Application Fee is due, in full, at time of submission.
Application Fee is non-refundable.**

Signature of Applicant

Date

Town of Cross Roads' Use Only

Date completed application received: _____

Amount Due: _____

Receipt Number: _____

Expiration Date: _____

Permit Number: _____