



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 and plan review fee is received. Send electronic copies of the application and plans to applications@crossroadstx.gov.

1. ADDRESS				SUITE NUMBER	
2. LEGAL DESCRIPTION		LOT	BLOCK	ADDITION	COUNTY
3. OWNER		EMAIL ADDRESS			PHONE
4. CONTRACTOR		EMAIL ADDRESS			PHONE
5. ARCHITECT OR DESIGNER		EMAIL ADDRESS			PHONE
6. CHECK ALL ACTIVITIES WHICH WILL BE CONDUCTED ON THE PREMISES:					
<input type="checkbox"/> Office	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Grocery or Convenience Store	<input type="checkbox"/> Food Products	<input type="checkbox"/> Petroleum Products	<input type="checkbox"/> On-Site Sewage Facility
<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Outside Storage	<input type="checkbox"/> Manufacturing (identify type)	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Painting or Coating
<input type="checkbox"/> Tire Storage	<input type="checkbox"/> Combustible Liquids	<input type="checkbox"/> Warehouse (identify type)	<input type="checkbox"/> Outside Storage	<input type="checkbox"/> Flammable Liquids	<input type="checkbox"/> Parts or Vehicle Wash
<input type="checkbox"/> Wood Cutting	<input type="checkbox"/> Milling or Sanding	<input type="checkbox"/> Chemicals (identify type)	<input type="checkbox"/> Incineration	<input type="checkbox"/> Welding or Cutting	<input type="checkbox"/> Items Stacked Higher than 12 ft
7. A COPY OF THE ASBESTOS SURVEY FOR THE AREA(S) TO BE RENOVATED AND / OR DEMOLISHED WILL BE MADE AVAILABLE UPON REQUEST. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE _____ INITIAL					
8. CHECK ALL FEATURES OF THE BUILDING AND/OR PROPERTY: <input type="checkbox"/> WATER WELL <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> ABOVE / UNDER-GROUND TANK <input type="checkbox"/> FIRE SPRINKLER <input type="checkbox"/> METAL BLDG.					
9. DO YOU PLAN TO USE, STORE OR MANUFACTURE ANY FLAMMABLE, COMBUSTIBLE OR OTHER HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL					
10. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLISH <input type="checkbox"/> OTHER					
11. USE OF BUILDING (BE SPECIFIC)			TDLR PROJECT NUMBER:		
12. BUSINESS NAME _____ OCCUPANT AND / OR USE OF PROPERTY: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING			14. DESCRIBE WORK _____ _____ _____		
13. PROVIDE SQUARE FOOTAGE OF AREA INVOLVED :			15. WORK INCLUDES: ELECTRICAL: PLUMBING: MECHANICAL:		
OFFICE _____			YES NO YES NO YES NO		
WAREHOUSE _____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
RETAIL _____					
STORAGE _____					
OTHER _____					
TOTAL _____			16. MARKET VALUE OF BUILDING (Including Property) \$ _____ VALUATION OF WORK (Material & Labor) \$ _____		
CONTACT INFORMATION PLEASE PROVIDE THE CONTACT INFORMATION FOR THE PERSON WHO WILL BE RESPONSIBLE FOR RESPONDING TO CITY INQUIRES CONCERNING THIS PROJECT. CONTACT PERSON _____ PRINTED NAME E-MAIL ADDRESS _____ PHONE NUMBER _____ AREA CODE NUMBER			OFFICE USE ONLY		
			ACCEPTED BY: _____ APPROVED BY: _____ ISSUED BY: _____ DATE: _____ DATE: _____ DATE: _____		
			PERMIT FEE: \$ _____		
NOTICE THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDE FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. I HEREBY FURTHER CERTIFY THAT I AM THE OWNER OF THE PROPERTY DESCRIBED HEREIN OR HAVE THE PERMISSION OF THE OWNER TO APPLY FOR THE PERMIT HEREOF. NO CHANGE IS TO BE MADE IN THE USE OF THIS BUILDING OR LAND AND NO CONSTRUCTION, ADDITION OR REMODELING OTHER THAN WHICH THIS PERMIT AUTHORIZED SHALL BE MADE WITHOUT FIRST MAKING APPLICATION AND OBTAINING APPROVAL FOR SAID CHANGE. _____ APPLICANT'S SIGNATURE DATE			SPECIAL CONDITIONS: _____ _____ _____ _____ _____ _____ A) TDLR PROJECT <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL B) ASBESTOS SURVEY <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL C) CONSTRUCTION PLANS (1) <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL C) DIGITAL CONSTRUCTION PLANS <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL		



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. Four complete sets of blueprints/plans on 11" x 17" paper, in appropriate 1/8 in scale, identifying all proposed exterior building materials. An electronic copy (CD, thumb drive or email) of the entire submittal, including application, 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 a platted 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. Questions concerning septic application call our office (940) 365-9693. _____ (Initial)



- E. Com Check reports required detailing compliance with currently adopted version of the International Energy Conservation Code. ____ (Initial)
- F. Inspections includes Culvert, Plumbing rough, Foundation, Sheer Wall, 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, Refuse 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 register yearly. ____ (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 Permit Technician a minimum of thirty (30) calendar days prior to Town Council meeting (held on the 3rd Monday of each month). The Permit Tech 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. If approved, the Permit Tech will issue the building permit, subject to payment of all applicable permit fees. ____ (Initial)

3201 US HWY 380, STE 105
Cross Roads, TX 76227
940/365-9693
CrossRoadsTX.gov



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 Waste Connections at (877) 288-9269
_____ (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 pre-construction meeting with town staff to discuss: inspections, fire lanes, utility connections, 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.

Property Owner's Signature Date _____

Applicant's Signature Date _____

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.



LIST OF REQUIRED COMMERCIAL BUILDING INSPECTIONS

PLEASE EMAIL OR CALL 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)
10. CONDITIONAL PERMANENT POWER INSPECTION (BOX ON BUILDING).
11. FINAL ENERGY CODE
12. FINAL LANDSCAPING, REFUSE CONTAINER SCREENING, & PARKING LOT
13. ALL FINALS PLUMBING, ELECTRICAL, MECHANICAL, BUILDING.

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



**TOWN OF CROSS ROADS
CONTRACTOR REGISTRATION FORM**

Office: 940-365-9693

3201 US HWY 380 Suite 105, Cross Roads, Texas 76227

Email completed registration to applications@crossroadstx.gov



There is NO FEE for registration.

Date Submitted: _____

TYPE OF REGISTRATION:

Builder/General Contractor: ☐

HVAC: ☐

Electrical: ☐

Fire Suppression: ☐

Septic: ☐

Other: ☐

Plumbing: ☐

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Daytime Phone: _____

Fax Number: _____

Email Address: _____

PERSONNEL AUTHORIZED TO OBTAIN A PERMIT UNDER YOUR COMPANY

Name of Contractor: _____

Contractor License Number: _____

Contractor's Phone Number: _____

Contractor's Email Address: _____

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.

Town of Cross Roads' Use Only

Date completed application received: _____

Expiration Date: _____



Street Approach/Culvert Permit Application

Submit application and drawings to applications@crossroadstx.gov.

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 minimum culvert size is 15-inch diameter.
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 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 applications@crossroadstx.gov

_____ 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: _____

3201 US HWY 380 Ste.105
Cross Roads, TX 76227
940-365-9693
CrossRoadsTX.gov



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 Town Hall 940-365-9693.

Designer Signature

Date

Designer Printed Name

Telephone

Address

City, State, Zip Code

(Designer's Seal)



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 the 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 contract 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 Code of Ordinances
Email applications to: applications@crossroadstx.gov

Date: _____

Applicant Name: _____

Property Owner Name and Signature: _____

Property Address: _____

Phone: _____ email: _____

REASON FOR PERMIT REQUEST

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

- ☐ I have a tree/s 18 inches or greater DBH (diameter at breast height/ 4 ½ foot height) and must get council permission for removal
- ☐ I am a contractor developing a new residential property or lot/s and prior to any clearing of trees over 6" in DBH I am submitting a tree preservation plan
- ☐ I own or represent an owner for an agricultural/residential property and need a permit to remove trees 6" or greater DBH including dead trees.
- ☐ I am developing a commercial property and **PRIOR** to any clearing or removal of trees or other action that could impact the trees I am submitting a tree preservation plan
- ☐ Dead trees over 6" DBH (diameter at breast height/4 ½ foot height). Describe below
- ☐ THERE ARE NO TREES ON MY 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 _____ ☐ Approved ☐ Denied

Signature: _____

Date: _____

Reason: _____

3201 US HWY 380, STE 105
Cross Roads, TX 76227
940-365-9693



**TOWN OF CROSS ROADS
SIGN PERMIT APPLICATION**
3201 US HWY 380, STE 105, Cross Roads, Texas 76227
applications@crossroadstx.gov
940-365-9693



Date Submitted: _____

ONE APPLICATION PER SIGN IS REQUIRED.

SIGN INFORMATION

Name of Proposed Sign: _____

Address & Location of Proposed Sign: _____

Temporary: ☐

Permanent: ☐

Type of Sign:

Style of Sign:

Commercial: ☐

Construction: ☐

Free Standing (\$250): ☐ Wall (\$100)

Political: ☐

Special Event: ☐

Monument (\$250): ☐

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 REQUIRED AT TIME OF SUBMISSION

1. 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
2. 1/4" Scaled colored drawing with dimensions, including wall dimensions for wall signs
3. Description of materials used in construction of sign
4. Digital copy of ALL submitted items
5. Application fee

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

Signature of Applicant

Date

Office Use Only

Date completed application received: _____

Amount Due: _____

Receipt Number: _____

Expiration Date: _____

Permit Number: _____

TOWN OF CROSS ROADS

APPLICATION # _____

APPLICATION FOR COMMERCIAL CERTIFICATE OF OCCUPANCY

Email Application to: applications@crossroadstx.com

Applicant Name: _____ Telephone No. _____
Property Address: _____
Mailing Address: _____
Email: _____
Owner of Property: _____ Telephone No. _____
Owner's Address: _____
Email: _____

Please Circle One

Type of Structure: New building? Existing building ? Vacant lot?
Type of Service : Temporary? Conditional Use? Permanent?

Legal description of property: _____
Lot _____ Block _____ Subdivision _____
Proposed use of property: _____

Past Use of Property & detailed description or nature of business): _____

Existing Zoning: _____

Is this an Adult Oriented business? ____ Yes ____ No

Business name: _____

Sales Tax Certificate Number: _____ (include copy of Certificate showing Cross
Roads location)

Federal Tax ID# _____

THESE QUESTIONS MUST BE ANSWERED

What kind of septic system? _____

When it was last pumped? _____

If aerobic, when was it last inspected? _____

If aerobic, date maintenance contract signed and name of company.

Date of Contract: _____ Company Name: _____

Address: _____ Telephone: _____

Occupancy is not permitted before Certificate of Occupancy is issued.

I understand that the use is limited to the proposed use I have described, and repairs, remodeling or alterations are not permitted without first obtaining a permit.

Owner's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

DOES YOUR COMPANY BUSINESS INVOLVE STORAGE, SALES OR USE OF ANY OF THE FOLLOWING?

Flammable or combustible liquids (10 gallons or more)	Yes ___ No ___
On-site consumption of alcoholic beverages	Yes ___ No ___
High pile storage of combustible items	Yes ___ No ___
Sale or Service of food or drink of any kind	Yes ___ No ___
Dust producing equipment or materials	Yes ___ No ___
Compressed gases	Yes ___ No ___
Explosives or ammunition	Yes ___ No ___
Fireworks	Yes ___ No ___
Magnesium	Yes ___ No ___
Paint/Flammable materials	Yes ___ No ___
Poisonous or hazardous materials	Yes ___ No ___
LP Gas	Yes ___ No ___

Pleas describe any potential hazards associated with the daily operations of this business (If Applicable).

Inspector's Comments:

Inspector's

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Receiving Clerk _____ Fee: _____ Check #: _____ Receipt #:

Fee: _____ Check #: _____ Receipt Fee: _____ Check #: _____ Receipt

Present Zoning _____ Required Zoning _____ Maximum Occupant _____

Occupancy Classifications: _____ Load: _____ Landscaping _____

Setbacks: _____ Parking: _____ Masonry Requirement: _____

Screening of trash container and storage areas: _____

Fire Department: Approved _____ Disapproved _____ Date _____

Signature: _____

Health Department: Approved _____ Disapproved _____ Date _____

Signature: _____