



## 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](mailto: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: \$ _____ 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		
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 _____					



## 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

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

Office: 940-365-9693

Email completed registration form to [applications@crossroadstx.gov](mailto:applications@crossroadstx.gov)

There is no fee for registration.

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### TYPE OF CONTRACTOR LICENSE

<input type="checkbox"/> BUILDER/GENERAL CONTRACTOR	<input type="checkbox"/> OSSF/SEPTIC
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> FIRE SPRINKLER
<input type="checkbox"/> MECHANICAL (HVAC)	<input type="checkbox"/> POOL
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> SOLAR
<input type="checkbox"/> SIGN	<input type="checkbox"/> OTHER

---

### COMPANY AND CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

Licensee Name: \_\_\_\_\_

Licensee's Phone Number: \_\_\_\_\_

Licensee's Email Address: \_\_\_\_\_

Will your sales tax be applied to Cross Roads for projects within Cross Roads? Yes/No

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**Provide required license and valid driver license upon submission. Contractor and Sub-contractor registration is required annually. Please notify our office of any changes in license changes, address, or telephone number.**

#### Required:

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



## Street Approach/Culvert Permit Application

Submit application and drawings to [applications@crossroadstx.gov](mailto: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 faculties. 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)<br>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

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

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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](mailto: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](mailto: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).

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Inspector's Comments:

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Inspector's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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: \_\_\_\_\_