



Permits and Inspections Division
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NEW COMMERCIAL BUSINESS
(No Fee Application)

Allow Up To Seven (7) Business Days for the Review of This Document

This form may be emailed, faxed, mailed, or submitted in person.

Form with fields for: Address of Business, Name of Proposed Business, Legal Description, Zoning District, Subdivision, Name of Shopping Ctr., Owner of Building, Mail Address, Zip, Phone, Name of Proposed Occupant (Tenant), Mail Address, Zip, Business Phone, What name will the Electrical Service bill be in?, Type of Proposed Business, Occupancy Group, Business Hours, Anticipated Date of Move-In, Number of Employees, Are you locating this business from another Missouri City Location?, DESCRIBE BUSINESS IN DETAIL, Applicant Printed Name, Phone, E-mail Address, Occupied Space Square Feet, FOR OFFICE USE ONLY, PSR, Date, Permit Number, This is a conditional Certificate of Zoning Compliance, Planning Approval, Date, Health Reviewed, Date, Building Official, Date, D.S. Director, Date, Applicant, Date.