

CITY OF BAY CITY



Building Department
 1217 Avenue J
 Bay City, TX 77414
 Phone 979-323-1659 Fax 979-323-1672

Applicant to Complete All Items in Sections I, II, III, IV, V, and VI

Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

| | | | |
|--------------------------------------|--|--|----------|
| <input type="checkbox"/> RESIDENTIAL | | <input type="checkbox"/> NON-RESIDENTIAL | |
| PROJECT NAME | | PARCEL I.D. / TAX I.D. | |
| ADDRESS | | COUNTY | ZIP CODE |

II. Identification

| | | | |
|---------------------------|--|----------------------------------|----------------------------------|
| A. Owner or Lessee | | | |
| NAME | | TELEPHONE # (Include Area Code) | CELL PHONE # (Include Area Code) |
| ADDRESS | | CITY | STATE ZIP CODE |
| E-MAIL ADDRESS | | FAX NUMBER # (Include Area Code) | |

| | | | |
|---------------------------------|--|----------------------------------|----------------------------------|
| B. Architect or Engineer | | | |
| NAME | | TELEPHONE # (Include Area Code) | CELL PHONE # (Include Area Code) |
| ADDRESS | | CITY | STATE ZIP CODE |
| E-MAIL ADDRESS | | FAX NUMBER # (Include Area Code) | |

| | | | |
|----------------------|--|----------------------------------|----------------------------------|
| C. Contractor | | | |
| NAME | | TELEPHONE # (Include Area Code) | CELL PHONE # (Include Area Code) |
| ADDRESS | | CITY | STATE ZIP CODE |
| E-MAIL ADDRESS | | FAX NUMBER # (Include Area Code) | |

III. Type of Improvement and Plan Review

| | | | |
|---------------------------------------|---|--|---|
| A. Type of Improvement | | | |
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> REPAIR / REPLACE | <input type="checkbox"/> ACCESSORY BLDG. | <input type="checkbox"/> RE-ROOF |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> SWIMMING POOL | <input type="checkbox"/> MISCELLANEOUS |
| <input type="checkbox"/> ALTERATION | <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> DECK | <input type="checkbox"/> CERTIFICATE OF OCCUPANCY |

| | | | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|---------------------------------|-------------------------------|
| B. Review(s) to be performed | | | | | |
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> ENERGY | <input type="checkbox"/> FIRE |

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.

ROOFING, SIDING, WINDOWS

ALTERATIONS AND REPAIR WORK DETERMINED BY THE BUILDING OFFICIAL TO BE OF A MINOR NATURE

PLANS AND SPECIFICATIONS ARE REQUIRED FOR ALL OTHER BUILDING PROJECTS.

IV. Proposed Use of Building

A. Residential - Proposed Use

- | | |
|--|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Wood Burning Stove |
| <input type="checkbox"/> Two Family | <input type="checkbox"/> Masonry Fireplace |
| <input type="checkbox"/> Multi-Family (Number of Units _____) | <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning |
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Pre-Fab Fireplace |
| <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Unfinished Basement | <input type="checkbox"/> Modular Home |
| <input type="checkbox"/> Crawl Space / Pier & Beam | <input type="checkbox"/> Mobile Home/Manufactured Home |
| <input type="checkbox"/> Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> # of Bedrooms _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> # of Bathrooms: Full _____ Partial _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Is there a fireplace in a bedroom: Yes No

B. Non-Residential - Proposed Use

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Business |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Hazardous |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Mercantile |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Utility or Miscellaneous | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hazardous material to be stored on site | |

Type of Use _____

Type of Construction _____

DESCRIBE PROJECT IN DETAIL :

V. Selected Characteristics of Building

A. Principal Type of Frame

- WOOD FRAME MASONRY WALL BEARING STRUCTURAL STEEL REINFORCED CONCRETE OTHER _____

B. Principal Type of Heating

- NATURAL GAS ELECTRICITY OTHER

C. Type of Sewage Disposal

- PUBLIC SEPTIC SYSTEM

D. Type of Water Supply

- PUBLIC PRIVATE WELL OR CISTERN

E. Type of Mechanical

WILL THERE BE AIR CONDITIONING? YES NO WILL THERE BE AN ELEVATOR? YES NO

F. Dimensions

NUMBER OF STORIES _____ FLOOR AREA: TOTAL AREA _____

COST OF CONSTRUCTION _____

1ST FLOOR _____

2ND FLOOR _____

OTHER FLOOR _____

BASEMENT _____

TEXAS ARCHITECTURAL BARRIERS ACT/EABPRJ # _____
 "Required for Commercial projects over \$50,000"

VI. Applicant Information

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

APPLICANT: CONTRACTOR ARCHITECT/ENGINEER HOMEOWNER **(See Homeowner Affidavit)

By my signature below, I certify to each of the following: I am () the Contractor or () the Property Owner or () authorized to act on the property owner's behalf. I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of the City of Bay City, or the County of Matagorda, to enter the above identified property for TDLR verification, Code Enforcement, and inspection purposes.

SIGNATURE OF APPLICANT

DATE

DAYTIME PHONE #

PRINTED NAME

ADDRESS

****HOMEOWNER AFFIDAVIT: I HEREBY CERTIFY THAT THE WORK DESCRIBED ON THIS PERMIT APPLICATION WILL BE INSTALLED BY ME IN MY OWN HOME, WHICH IS MY LEGAL RESIDENCE AND DECLARED AS MY HOMESTEAD WITH THE MATAGORDA COUNTY APPRAISAL DISTRICT. I FURTHER CERTIFY THAT I HAVE NOT OBTAINED OR HELD A BUILDING PERMIT WITHIN ANY TWO (2) YEAR PERIOD AS A HOMEOWNER FOR WORK AT (3) DIFFERENT ADDRESSES. I AGREE THAT ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE CITY OF BAY CITY BUILDING CODE. I WILL COOPERATE WITH THE CITY OF BAY CITY INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR REQUIRED INSPECTIONS.**