

Date: _____ Time: _____ Application # _____	LOCATION:	Zoning District: _____ Subdivision: _____ Lt: _____ Blk.: _____ Lt. Size: _____	OWNERSHIP: Private [] Public []
	Address: _____		
	Floodplain YES NO 500yr _____ 100yr _____ Floodway _____		
	Base Flood Elevation or Engineers "No Rise Certificate" attached YES NO		

TYPE OF IMPROVEMENT:

- a. NEW BUILDING []
- b. ADDITION []
- c. ALTERATION []
- d. REPAIRS []
- e. DEMOLITION []
- f. MOVING []
- g. FOUNDATION []

COST OF IMPROVMENT:

- IMPROVEMENT ONLY _____
- ELECTRIC _____
- PLUMBING _____
- HEATING & A/C _____
- GAS _____
- OTHER _____
- TOTAL COST** _____

DESCRIPTION OF CONSTRUCTION: _____

Office Use Only

Non-Residential Building Types

- 318** [] Amusement & recreational buildings
- 319** [] Churches
- 320** [] Industrial Buildings
- 322** [] Service Stations
- 323** [] Hospitals/Institutional garages
- 324** [] Office, bank, professional buildings
- 325** [] Public works & utility buildings
- 326** [] Schools, educational buildings

- 327** [] Stores/mercantile buildings
- 328** [] Other non-residential buildings (portable buildings / carports / canopies)
- 329** [] Structures other than buildings (roofing / foundations / swimming pools)
- 437** [] All other building/structures (alterations / additions)
- Demolition & Razing of Building**
- 647** [] Three & four family buildings
- 648** [] Five or more family buildings
- 649** [] All other building/structures

AREA IN USE

First Story: _____ Sq. Ft. Second Story: _____ Sq. Ft. Other Stories _____ Sq. Ft.

Foundation: Concrete [] Wood [] **Roof:** Metal [] Asphalt Shingles [] BUR [] Other []

Floors: Concrete [] Wood [] **Exterior Walls:** Masonry [] Wood [] Other []

Interior Walls: Masonry [] Wood [] Sheetrock [] Other []

ENERGY COMPLIANCE

Year of code (_____) IECC - Percentage better than code is (_____) **PROVIDE THE COM-CHECK FORM**

REQUIRED PLAN REVIEW – If all items required are not submitted, the permit is denied.

3 FULL SETS OF SITE PLANS WITH LOCATIONS OF ALL STRUCTURES ON SITE, MEASURED DISTANCES FROM PROPERTY LINES, ALL UTILITY EASEMENTS AND SERVICES, DRIVEWAYS AND SIDEWALKS. (_____)
INITIAL AND DATE PLEASE

The Contractor shall deliver a full set of plans to the Fire Marshal at 650 South Highway 46.

3 FULL SETS OF BUILDING PLANS WITH FLOOR LAYOUTS, PLUMBING, ELECTRIC, AND MECHANICAL DETAILS (_____) **INITIAL AND DATE PLEASE**

The Contractor shall deliver a full set of plans to the Fire Marshal at 650 South Highway 46.

APPLICATIONS and /or DESIGNS FOR: Sign and Date each requirement

TEMPORARY PERMANENT POWER AGREEMENT (_____)

ASBESTOS SURVEY (_____)

ELECTRIC SERVICE (_____)

TEMPORARY LOOP (_____)

WASTER WATER SURVEY (_____)

FIRE SERVICE (_____)

WATER SERVICE (_____)

IRRIGATION SERVICE (_____)

SEWER SERVICE (_____)

SEPTIC TANK PLAN (_____)

STORM WATER RETENTION/DETENTION (_____)

TEXAS ACCESSIBILITY STANDARDS NUMBER (_____)

It the construction cost is greater than \$50,000.00

TEXAS DEPARTMENT OF TRANSPORTATION (_____)

Driveway permit and or Drainage approval

	NAME	ADDRESS	PHONE NUMBER
PROPERTY OWNER			
CONTRACTOR			
ARCHITECT/ENGINEER			
ELECTRIC			
PLUMBER			
HVAC			

***SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING AND HVAC. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITH 6 MONTHS OR ABANDONED 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. Provisions of the International Building Code as well as all laws and ordinances covering this type of work will be completed within specified herein or not. The Granting of a permit does not presume to give authority to violate or cancel the provisions of any City, State or Local Law regulation construction or performance or construction.

An asbestos survey has been conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the areas being renovated and/or demolished. Yes _____ No* _____

*If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to renovation/demolition permit being issued by the City of Seguin.

APPLICANT SIGNATURE: _____ **DATE:** _____

↓DO NOT WRITE BELOW LINE – OFFICE USE ONLY↓				
SPECIAL APPROVALS	REQUIRED	NOT REQUIRED	APPROVED	APPROVED BY
Building Inspections				
TAS/ADA				
Electric				
Sewer				
Water				
Mechanical				
Fire Marshal				
Fire Alarms				
Fire Sprinkler				
Waste Water Survey				
Utilities				
Health Dept.				
Sidewalk				
Off Street Parking				
Landscaping				
Drainage/Erosion				
Zoning				

APPLICATION NUMBER#

PLAN CHECK FEE
(1/2 of permit in addition to)

BUILDING PERMIT FEE

APPROVED BY

Permits submitted must be obtained within 75 days of submittal unless an extension is granted. Failure to obtain the permit will require a new application

**APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT
Public - Commercial - Industrial**



***SUBMIT THIS APPLICATION WITH THREE (3) SETS EACH OF:
PLOT PLAN, BUILDING PLAN AND SPECIFICATIONS TO THE
PERMIT COUNTER AT CITY HALL.**

Did you remember to include:
Electric Service Application?
Temporary Electric Service Application?
Sewer Service Application?
Water Service Application?
Wastewater Discharge Application?