

CITY OF BAY CITY



Building Department

1217 Avenue J

Bay City, TX 77414

Phone 979-323-1173 Fax 979-323-1672 Inspector Line 979-323-1169

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**I. Project Information**

<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

- BUILDING ELECTRICAL PLUMBING MECHANICAL ENERGY 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 |
| Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No | # of Bedrooms _____ |
| _____ | # of Bathrooms: Full _____ Partial _____ |
| _____ | _____ |

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.**

FOR OFFICE USE ONLY --- DO NOT WRITE ON THIS PAGE

Building Safety Reviews

REVIEW(S) PERFORMED

ELECTRICAL _____
INITIALS / DATE

MECHANICAL _____
INITIALS / DATE

PLUMBING _____
INITIALS / DATE

BUILDING REVIEW COMMENTS

ELECTRICAL REVIEW COMMENTS

PLUMBING REVIEW COMMENTS

MECHANICAL REVIEW COMMENTS

Description of Work

STAFF

SAFETY

BUILDING

Plan Review Fee _____

Building Permit Fee _____

Use Group

Construction Classification

Occupancy Load

Approved By: _____

Date

Title
