PLANNING & COMMUNITY DEVELOPMENT
INSPECTIONS DIVISION
1400 SCHERTZ PARKWAY, BLDG. #1
SCHERTZ, TEXAS 78154-1634
(210) 619-1750
http://schertz.com/

BUILDING PERMIT APPLICATION

JOB ADDRESS:			COUNTY:
ZONING:	BLOCK:	LOT:	SUBDIVISION:
OWNER NAME:	ADDRESS, CITY, ST. ZIP:		PHONE:
CONTRACTOR:	ADDRESS, CITY, ST. ZIP:		PHONE:
ELECTRICAL CONTRACTOR:	ADDRESS, CITY, ST, ZIP:		PHONE:
PLUMBING CONTRACTOR:	ADDRESS, CITY, ST, ZIP:		PHONE:
MECHANICAL CONTRACTOR:	ADDRESS, CITY, ST, ZIP:		PHONE:
ARCHITECT:	ADDRESS, CITY, ST. ZIP:		PHONE:
ENGINEER:	ADDRESS, CITY, ST. ZIP:		PHONE:

CLASS OF WORK: CHECK ALL THAT APPLY :

RESIDENTIAL ☐ COMMERCIAL ☐ NEW CONSTRUCTION ☐ REMODEL ☐ ADDITION ☐ INTERIOR FINISH OUT ☐

REPAIR ☐ MOVING ☐ DEMOLITION * ☐ OTHER ☐ _____

* DEMOLITION – AN ASBESTOS SURVEY IS REQUIRED OF COMMERCIAL DEMOLITION PROJECTS IN ACCORDANCE WITH THE TEXAS STATE HEALTH SERVICES DEPARTMENT REQUIREMENTS AND TEXAS ASBESTOS HEALTH PROTECTION RULES. ATTACH A COPY OF ASBESTOS SURVEY.

DESCRIPTION OF WORK: CHECK ALL THAT APPLY AND INCLUDE SUB-TRADE(S) THAT APPLY TO THIS PROJECT:

ELECTRICAL ☐ PLUMBING ☐ MECHANICAL ☐ FLATWORK ☐ ASPHALT/PAVING ☐ FENCE ☐ > CHAIN LINK OR PRIVACY?

WOOD DECK ☐ CONCRETE PATIO ☐ > COVERED OR UNCOVERED? SHED ☐ > TYPE OF FLOOR _____

WINDOW REPLACEMENT ☐ > NO. _____ SIDING/FASCIA ☐ OTHER TYPE OF PERMIT ☐ EXPLAIN:

_____

ALL WORK IS SUBJECT TO REVIEW FOR MAXIMUM IMPERVIOUS COVERAGE ACCORDING TO THE REQUIREMENTS OF THE UNIFIED DEVELOPMENT CODE (UDC) ADOPTED 02/24/2009, CITY ORD NO. 09-S-06.

COST OF CONSTRUCTION:

NEW CONSTRUCTION RESIDENTIAL: *_____TOTAL SQUARE FEET (Under Roof) X $75.00 PER SQ FT = $ _____

* *FOR RESIDENTIAL NEW CONSTRUCTION, SQUARE FOOTAGE IS BASED ON TOTAL SQUARE FEET, NOT HABITABLE SPACE.*

** NEW CONSTRUCTION COMMERCIAL/ALL COMMERCIAL: $_____ ACTUAL COST OF CONSTRUCTION

ALL OTHER CONSTRUCTION - COST/VALUE OF WORK:_____

OCCUPANCY GROUP:	*TOTAL SQ. FT.	NUMBER OF STORIES:	TYPE OF CONSTRUCTION:
** TDLR REFERENCE NUMBER: For Projects $50,000 or greater	FIRE SPRINKLER REQUIRED: YES ☐ NO ☐		NUMBER OF OFF STREET PARKING?
IS THIS PROPERTY WITHIN A FLOOD ZONE? YES ☐ NO ☐		FLOOD ZONE:	

NOTICE

THIS APPLICATION FOR PERMIT SHALL INCLUDE ALL SUB-TRADES OF ELECTRICAL, MECHANICAL AND PLUMBING. THIS PERMIT BECOMES NULL AND VOID WITHIN 6 MONTHS OF ISSUANCE. ANYONE HOLDING AN UNEXPIRED PERMIT MAY APPLY FOR AN EXTENSION, IN WRITING. PERMITS ARE NON-TRANSFERABLE FROM ONE PERSON TO ANOTHER.

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 PERFORMANCE OF CONSTRUCTION.

AS CONTRACTOR, I AUTHORIZE THE PROPERTY OWNER TO PICK UP THIS PERMIT ON MY BEHALF. I UNDERSTAND THAT WORK MAY NOT BEGIN UNTIL THE PERMIT IS POSTED ON THE JOB SITE. I ASSUME ALL RESPONSIBILITY FOR ANY PENALTY THAT MAY BE ASSESSED IF WORK IS PERFORMED WITHOUT THE PERMIT BEING POSTED.

_____
SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT

_____
PRINT NAME OF OWNER, CONTRACTOR OR AUTHORIZED AGENT

_____
DATE EMAIL ADDRESS (PRINT)

FOR DEPARTMENT USE ONLY

PERMIT NUMBER: _____

TOTAL AMOUNT DUE: _____

_____
APPLICATION ACCEPTED BY DATE

_____
APPLICATION APPROVED BY DATE

SCHERTZ
COMMUNITY ★ SERVICE ★ OPPORTUNITY