



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

NEW RESIDENTIAL 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 : NEW CONSTRUCTION OTHER <input type="checkbox"/> _____			
DESCRIPTION OF WORK: CHECK ALL THAT APPLY AND INCLUDE SUB-TRADE(S) THAT APPLY TO THIS PROJECT: ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> FLATWORK <input type="checkbox"/> ASPHALT/PAVING <input type="checkbox"/> FENCE <input type="checkbox"/> > CHAIN LINK OR PRIVACY? WOOD DECK <input type="checkbox"/> CONCRETE PATIO <input type="checkbox"/> > COVERED OR UNCOVERED? SHED <input type="checkbox"/> > TYPE OF FLOOR _____ WINDOW REPLACEMENT <input type="checkbox"/> > NO. _____ SIDING/FASCIA <input type="checkbox"/> OTHER TYPE OF PERMIT <input type="checkbox"/> EXPLAIN: _____			
ADDITIONAL COMMENTS:			
*TOTAL SQ. FT.		NUMBER OF STORIES:	TYPE OF CONSTRUCTION:
FIRE SPRINKLER REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>			NUMBER OF OFF STREET PARKING?
IS THIS PROPERTY WITHIN A FLOOD ZONE? YES <input type="checkbox"/> NO <input type="checkbox"/>		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.		FOR DEPARTMENT USE ONLY PERMIT NUMBER: _____ TOTAL AMOUNT DUE: _____	
SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT		APPLICATION ACCEPTED BY _____ DATE _____	
PRINT NAME OF OWNER, CONTRACTOR OR AUTHORIZED AGENT		APPLICATION APPROVED BY _____ DATE _____	
DATE	EMAIL ADDRESS (PRINT)		





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RESIDENTIAL PLAN SUBMITTAL CHECKLIST

Project Address: _____

The following information shall accompany all residential plan submittals. Incomplete submittals will not be accepted. If you need assistance or have questions, please call (210) 619-1750.

Check all that apply to your project and that accompany your plans and application. For information not provided, please indicate N/A (not applicable) and make necessary comments.

- New Construction Addition Rehab/Remodel
1. Complete building permit application.
2. Complete construction plans. Check all that apply:
- | | |
|--|--|
| <input type="checkbox"/> Sealed Site/Survey plan with Setbacks | <input type="checkbox"/> Sealed construction plans |
| <input type="checkbox"/> Sealed Roof truss plan | <input type="checkbox"/> Engineer sealed foundation plan |
| <input type="checkbox"/> Sealed Exterior elevation plans | <input type="checkbox"/> Sealed MEP's |
| <input type="checkbox"/> Tree/Landscape Plan | <input type="checkbox"/> Sealed Irrigation System Plan (if applicable) |
| <input type="checkbox"/> Tree Affidavit/Removal Permit App | <input type="checkbox"/> Site Address on all pages |
3. ResCheck Report (energy efficiency of building).
4. Copy of recorded subdivision plat (highlight the lot being permitted) ***not required**
5. Flood Plain Permit (if applicable).
6. Water Service Application (to be submitted to the Utility Billing Department).
7. Must provide As-Built in JPEG or PDF format. If changes or plan addendum occurred prior to Certificate of Occupancy issuance. Plan changes require that the Engineer or Architect provide an signed and sealed acknowledgement that the As-Built reflects an accurate description of what was constructed on site. If no changes occurred, the builder shall provide an acknowledgement that there were no changes.

Comments: _____

Applicant Name: _____ Company: _____

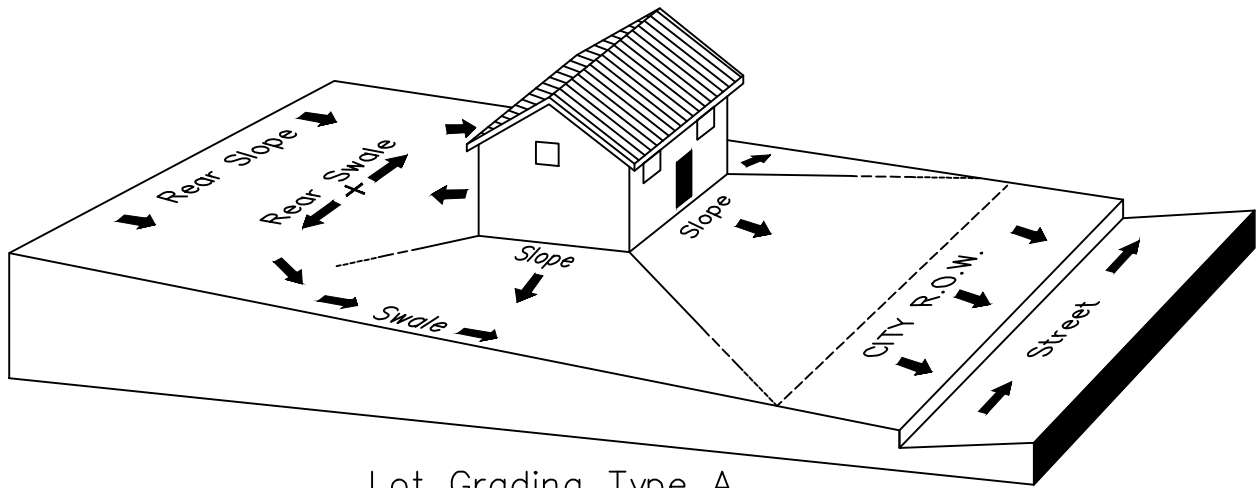
Business Phone: _____ Cell Phone: _____

Email Address (Print): _____

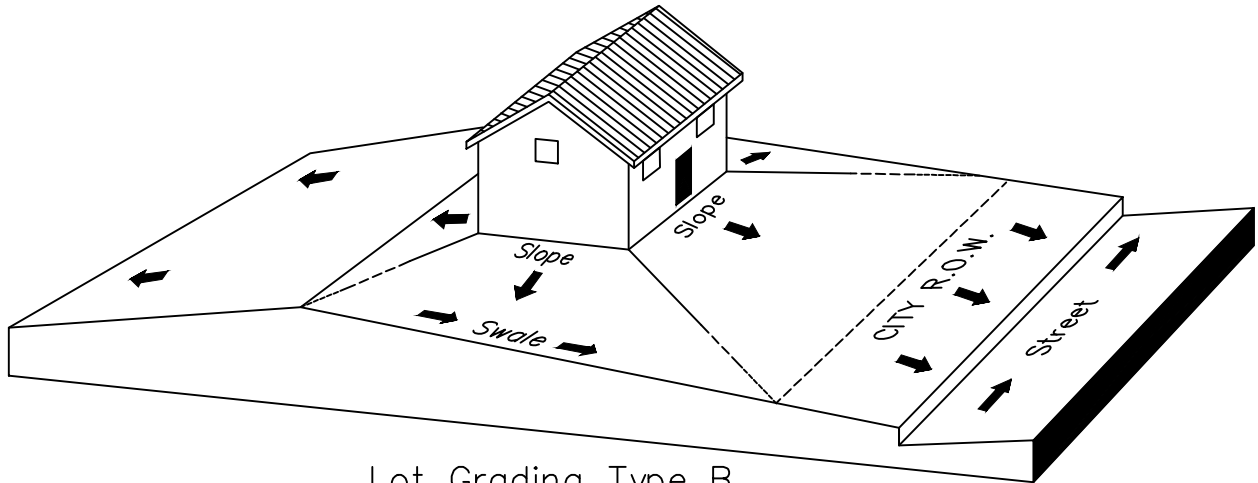
Applicant acknowledges that all information as required above is provided herein and understands that failure to provide all information necessary to process building permit request shall result in rejection of plans and building permit application by the City.

Applicant acknowledges that the issuance of a Certificate of Occupancy is contingent upon first providing the As-Built plans as noted in Item 7 above.

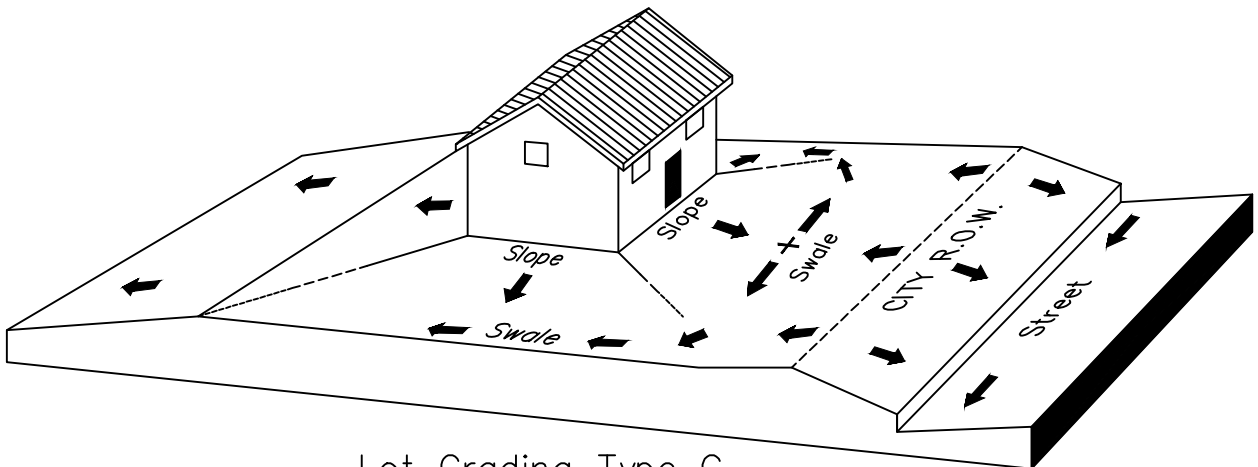
Applicant Signature: _____ Date: _____



Lot Grading Type A
 Drainage Directed Toward Front of Building



Lot Grading Type B
 Drainage Directed Toward Front and Rear of Building



Lot Grading Type C
 Drainage Directed Toward Rear of Building



CITY OF SCHERTZ TEXAS
 ENGINEERING AND PUBLIC WORKS

LOT GRADING PLAN
 NTS

PROJECT NO.:	CHECKED BY: KJW	DATE:
DRAWN BY: BCP	DESIGNED BY: BCP	SHEET NO.: 1