



PLANNING & COMMUNITY DEVELOPMENT  
 INSPECTIONS DIVISION  
 1400 SCHERTZ PARKWAY, BLDG. #1  
 SCHERTZ, TEXAS 78154-1634  
 (210) 619-1750, FAX (210) 619-1769 EMAIL:  
 inspections@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 <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> INTERIOR FINISH OUT <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVING <input type="checkbox"/> DEMOLITION * <input type="checkbox"/> OTHER <input type="checkbox"/> _____ * 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 <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: _____ 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 <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:	
<b>NOTICE</b> 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) _____		<b>FOR DEPARTMENT USE ONLY</b> PERMIT NUMBER: _____ BUILDING PERMIT FEE: _____ PLAN CHECK FEE: _____ 50% OF PERMIT FEE SUB-TRADE FEES: _____ \$300.00 PER BLDG/UNIT (\$100.00 FLAT RATE PER TRADE) LEAD SOLDER TEST: _____ \$15.00 PLUMBING ONLY WATER FEE: _____ SEWER FEE: _____ OTHER FEES: _____ TOTAL AMOUNT DUE: _____ _____ APPLICATION ACCEPTED BY _____ DATE _____ _____ APPLICATION APPROVED BY _____ DATE _____	

