



## Building Permit Application

### Plan submittal shall include:

1. A dimensional site plan in accordance with the checklist showing:
  - a. All property lines
  - b. All easements and setbacks located on the lot
2. All existing and proposed structures including paving
3. Existing and proposed floor plan if altering
4. Scope of work/plan notes
5. Attached are Inspector Requirements

### **PROJECT ADDRESS:** \_\_\_\_\_

### **Legal Description-**

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Section/Phase \_\_\_\_\_

**APPLICANT** (property owner or authorized agent) This will be the City's official contact.)

Business Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### **PROPERTY OWNER INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### **GENERAL CONTRACTOR**

Business Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### **Class of Work –**

New \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_ Remodel \_\_\_\_\_ Move \_\_\_\_\_ Demo \_\_\_\_\_ Driveway \_\_\_\_\_

Swimming Pool \_\_\_\_\_ Foundation Repair \_\_\_\_\_ Other \_\_\_\_\_

P.O. BOX 159 ★ 150 8<sup>TH</sup> STREET ★ SOMERVILLE, TX 77879 ★ PHONE 979-596-1122 ★ FAX 979-596-1931  
www.somervilletx.gov

Use of Building \_\_\_\_\_

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Multi-Family \_\_\_\_\_ Other \_\_\_\_\_

Description of Work

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Existing Square Feet \_\_\_\_\_ Additional Square Feet \_\_\_\_\_ (for additions & accessory buildings)

Construction Type \_\_\_\_\_ Occupancy Group \_\_\_\_\_ Occupancy Load \_\_\_\_\_

- Please allow a minimum of ten (10) business days for all plan review. Resubmittals are subject to the same timeframe.
- Permit must be posted in view at the jobsite at all times.
- Under no circumstances will paid fees be refunded or transferred.
- Any work or construction done prior to acquiring a permit may be charged double the total permitting fee.
- \$50 Re-inspection fee for all failed inspections.

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING, OR AIR CONDITIONING.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS 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. 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 THE PERFORMANCE OR CONSTRUCTION.

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Property Owner/Authorized Agent Signature

Property Owner/Agent Printed Name

Date

FOR OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

REVISIONS REQUESTED: \_\_\_\_\_

NOTES:

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BASE PERMIT FEE: \$25.00 +

PLAN REVIEW FEE: \_\_\_\_\_ +

PERMIT FEE: \_\_\_\_\_ +

TOTAL FEE: \_\_\_\_\_