



PERMIT NUMBER: _____

**RESIDENTIAL & COMMERCIAL CODE ENFORCEMENT
BUILDING PERMIT APPLICATION**

****All Submittals should be included in PDF Thumbdrive ****
***** PDF submittal must be broken down into disciplines*****

- ◇ RESIDENTIAL PLANS: (1) 11X17
- ◇ COMMERCIAL PLANS: (1) FULL SET HARDCOPY W/ WETSEALS
- ◇ SHEER WALL COMPLIANCE (SEALED BY ENGINEER)
- ◇ ENERGY REPORT/ MANUAL J
- ◇ SITE PLAN
- ◇ TDLR

APPLICANT

GENERAL CONTRACTOR _____ PHONE NO. _____
 ADDRESS _____ (____) ____ - _____ (OFFICE)
 CITY, STATE & ZIP _____ (____) ____ - _____ (MOBILE)
 EMAIL ADDRESS _____ (____) ____ - _____ (FAX)

OWNER

PROPERTY OWNER: _____ PHONE NO. (____) ____ - ____
 ADDRESS: _____ MOBILE NO. (____) ____ - ____
 CITY: _____ STATE _____ ZIP _____
 EMAIL ADDRESS _____

PROPERTY

LOT (S): _____ BLOCK: _____ SUBDIVISION: _____
 SITE ADDRESS: _____ CURRENT ZONING: _____
 IMPROVEMENT VALUE \$ _____ EXISTING USE: _____
 PROPOSED USE: _____
 COMMENTS: _____

PROJECT

____ NEW ____ ADDITION ____ ALTERATION/REMODEL ____ REPAIR ____ DEMOLITION
 ____ ACCESSORY USE/BUILDING POOL/SPA ____ RE-ROOF ____ FENCE ____ MOVING
 ____ CURB CUT/ STREET CUT/ BORING ____ DRIVEWAY/SIDEWALK ____ SIGN (TEMP OR PERMANENT)
 ____ GRADING ____ RIGHT OF WAY USE
 PLEASE CHECK ONE: RESIDENTIAL ____ MULTI-FAMILY ____ COMMERCIAL ____ INDUSTRIAL ____

TYPE OF WORK: Electrical ◇ No ◇ Yes Plumbing ◇ No ◇ Yes Mechanical ◇ No ◇ Yes

CONSTRUCTION TYPE (IBC)	◇ I A	◇ I B	◇ II A	◇ II B	◇ III A	◇ III B	◇ IV	◇ V A	◇ V B
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PROJECT

OCCUPANCY GROUP PER IBC	◇ Assembly	◇ Business (Office)	◇ Educational (thru 12 th grade)	◇ Factory	◇ High Hazard
	◇ Institutional	◇ Mercantile	◇ Residential	◇ Storage	◇ Utility

TOTAL BLDG: FLOOR AREA _____ NO. OF UNITS _____ #PARKING SPACE _____ GROUND FLOOR AREA _____ LOT DEPTH _____ LOT WIDTH _____

NO. OF NEW KITCHENS _____ NO. OF EXISTING KITCHENS _____ NO. OF NEW BATHRMS _____ NO. OF NEW BATHRMS _____ BLDG HEIGHTS _____

NO. OF STORIES _____ BASE FLOOD ELEVATION _____ FLOOD ZONE _____ OCCUPANT LOAD _____

EXISTING FLOOR AREA _____ NEW FLOOR AREA _____ TOTAL SITE ACREAGE _____

FIRE SPRINKLER: YES NO Comments: _____

FIRE SPRINKLER TYPE	◇ FM200	◇ NFPA 13	◇ NFPA 13D	◇ NFPA 13R
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FIRE ALARM: YES NO

Water Meter Size _____ Backflow Device _____ Irrigation Meter Size _____

- An asbestos survey has been conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards Air Pollutants (NESHAP) for the areas being renovated and/or demolished.
- YES _____ NO* _____
- *If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Weslaco.

The foregoing is a true and correct description of the improvement proposed by the undersigned applicant and the applicant states that he will have full authority over construction of same. The building permit shall not be held to permit or be an approval of the violation or modification of any provisions of City ordinances, codes, and subdivision restrictions of State law or be a waiver by the City of such violation. Alteration changes or deviations from the plans authorized by this permit are unlawful without written authorization from the Building Inspection Division. The applicant hereby agrees to comply with all City ordinances, codes, subdivision, restrictions and State laws and assume all responsibility for such compliance. **It is understood that the improvements shall not be occupied until a Certificate of Occupancy has been issued.** Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance or if the work authorized by such permit is suspended or abandoned for six months after the time of work is commenced. This permit is good for one (1) year only. If construction exceeds one (1) year, re-application will be required.

(Authorized Agent/Owner Signature) (Date)

(Authorized Agent/Owner Signature) (Date)

APPLICANT AUTHORIZATION

FOR CITY OF WESLACO USE ONLY

Received By: _____ Date: _____ Time: _____

Permit Fee \$ _____ Plan Review Fee \$ _____ Double Fee \$ _____

Subsequent Fee \$ _____ Park Development Fee _____ Total Permit Fee \$ _____

Is this project within a Fire District? YES NO

Re-Submittal Date: _____ Time: _____ Received By: _____

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I CERTIFY THAT I HAVE REVIEWED THE APPLICATION AND RECOMMEND ISSUANCE OF PERMIT

BUILDING OFFICIAL : _____ DATE: _____

PLANNING DEPT : _____ DATE: _____

Clerks Comments: _____

CITY USE ONLY