

**CITY OF ELGIN
BUILDING PERMIT APPLICATION**

ZONED _____ DATE _____ PERMIT# _____ PID# _____

1. PURPOSE

NEW CONSTRUCTION, ADDITION, REMODEL, REPAIR, DEMOLITION

____ SINGLE FAMILY ____ DUPLEX ____ MULTIFAMILY ____ RESIDENTIAL / REMODEL
____ MODULAR DWELLING ____ COMMERCIAL ____ INDUSTRIAL ____ OTHER

LEGAL DESCRIPTION: _____

STREET ADDRESS: _____

TDLR TEXAS ARCHITECTURAL BARRIER REGISTRATION NUMBER: _____

OWNER: _____

ADDRESS/PHONE: _____

CONTRACTOR/PHONE: _____

2. ATTACHMENTS:

____ DETAILED WORD DESCRIPTION ____ PROPERTY PLAT ____ COPY OF DEED
____ DRAWINGS/SPECIFICATIONS ____ ELEVATIONS ____ ELEVATION CERTIFICATE

3. DESCRIPTIONS

SQUARE FOOTAGE: MAIN AREA _____ GARAGE _____ TOTAL _____

OF ROOMS _____ # OF STORIES _____ # OF PLUMBING UNITS _____

FOUNDATION _____ INTERIOR WALLS _____ ROOF _____

4. TAPS REQUIRED

WATER: EXISTING _____ NEW TAP _____ METER SIZE _____

SEWER: EXISTING _____ NEW TAP _____ METER SIZE _____

NOTES

HISTORIC REVIEW BOARD APPROVAL _____ DATE _____

BUILDING OFFICIAL _____ DATE _____

5. FEES

COST OF IMPROVEMENTS: _____ BUILDING PERMIT FEE: _____

ELECTRIC:	PERMIT \$ _____	INSPECTION FEE \$ _____	TOTAL \$ _____
PLUMBING:	PERMIT \$ _____	INSPECTION FEE \$ _____	TOTAL \$ _____
GAS:	PERMIT \$ _____	INSPECTION FEE \$ _____	TOTAL \$ _____
MECHANICAL	PERMIT \$ _____	INSPECTION FEE \$ _____	TOTAL \$ _____

CAPITAL IMPACT FEES: WATER \$ _____ SEWER \$ _____ TOTAL \$ _____

TAP FEES: WATER \$ _____ SEWER \$ _____ TOTAL \$ _____

WATER METER DEPOSIT \$ _____ WATER METER INSTALL \$ _____ TOTAL \$ _____

NON-REFUNDABLE WATER DEPOSIT APPLICATION FEE \$25.00 TOTAL \$ _____

TOTAL ALL FEES \$ _____

6. ASBESTOS

WAS AN ASBESTOS SURVEY PERFORMED IN ACCORDANCE WITH TEXAS ASBESTOS HEALTH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP)? YES _____ NO* _____

DATE OF SURVEY: ____/____/____ COPY OF SURVEY: _____ TDH INSPECTOR LICENSE 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 Elgin.

THE PERMIT FOR THE ABOVE DESCRIBED STRUCTURE BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS UPON ISSUANCE, OR IF WORK IS SUSPENDED FOR A PERIOD OF 6 MONTHS AT ANY TIME.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. I UNDERSTAND ALL PROVISIONS OF STATE AND FEDERAL LAWS AND CITY ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. I UNDERSTAND THE GRANTING OF THE PERMIT DOES NOT PRESUME TO GRANT ANY AUTHORITY TO VIOLATE OR CANCEL OUT ANY OF THE PROVISIONS OF ANY STATE, FEDERAL OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

SIGNATURE OF OWNER IF OWNER IS BUILDER

DATE

"This institution is an equal opportunity provider"
"This approval does not permit the violation of any city or state law."
"All provisions of the City ordinances and state laws will be complied with whether herein specified or not."