



Building Permit Application

CITY OF SIMONTON

Project Address: _____

Project Name: _____ Approved Plat: Yes No Proposed Use: _____

Flood Zone: _____ Subdivision: _____ Lot: _____ Block: _____

Property Owner: _____ Address: _____ City: _____

State/Zip: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____

Occupancy Type: Residential Commercial Industrial

Class of Work: New Remodel Demolition Build-out Square footage of Improvements: _____

Renovation/Demolition As required for Public or Commercial buildings by Senate Bill 509 (Effective January 1, 2002)

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: ____/____/____ TDH Inspector License No. _____ Copy Attached 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 National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Simonton.

Signed: _____

Residential: # of Stories 1 2 2.5 ____; # of Bedrooms 1 2 3 4 ____; # of Baths ____

Garage: 1 2 3 4 Attached Detached Exterior: Brick, Stone, Stucco, Other _____

Description of Work: _____

Contractor (Company Name): _____ TRCC Reg. No. _____

Address: _____ City: _____ State/Zip: _____

Phone #: _____ - _____ - _____ Fax#: _____ - _____ - _____ Cell #: _____ - _____ - _____

Contact Person: _____ E-mail: _____
(PLEASE PRINT)

Valuation of the Project \$ _____

Signature of Contractor/Authorized Agent: _____

Date: _____

OFFICIAL USE ONLY

Received By: _____ Time/Date Stamp: _____

Plan Review Fee: _____ Building Permit Fee: _____ TOTAL FEES: _____

No Exceptions Taken: _____ Date: _____

BUILDING PERMIT APPLICATION (Cont'd)

I hereby certify I have read and examined this document and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. I understand that Inspections are required PRIOR to cover of Foundation and Framing. I further understand that plans submitted for approval will be subjected to a comprehensive check against municipal ordinance and building code. Any set of plans that must be returned for modifications or corrections in order to come into compliance with ordinance or code will be subject to rechecking in order of submittal. Under no circumstances will paid fees be refunded or transferred. Applications and plans will be held for 90 days. After 90 days this application and plans will be disposed of unless a valid building permit is issued.

Signature of Owner, Contractor or Authorized Agent

Date

FOR OFFICE STAFF USE ONLY

Description of Work: _____

PERMIT FEE SCHEDULE – FOR NEW RESIDENTIAL CONSTRUCTION

TOTAL SQUARE FOOTAGE OF ALL COVERED AREAS, I.E. GARAGES, PORCHES, PATIOS, CARPORTS,

PORTE-COCHERE: _____ x \$0.15 = BUILDING PERMIT FEE \$ _____

PLAN REVIEW FEE= 50% OF THE BUILDING PERMIT FEE (\$250.min): \$ _____

TOTAL PERMIT FEE = BUILDING PERMIT FEE + PLAN REVIEW FEE = \$ _____

PERMIT FEE SCHEDULE – FOR REMODELING AND COMMERCIAL CONSTRUCTION

Total Valuation	Fee (Note, for remodeling, a single inspection fee of \$125.00 will be added to permit fee.)
\$1,000.00 and less	\$30 fee
\$1,000.00 to \$50,000.00	\$30.00 for the first \$1,000.00 plus \$5.00 for each additional thousand or fraction thereof, to and including \$50,000.00. *Plus plan review fee if applicable
\$50,000.00 to \$100,000.00	\$260.00 for the first \$50,000.00 plus \$4.00 for each additional thousand or fraction thereof, to and including \$100,000.00. *Plus plan review fee if applicable
\$100,000.00 to \$500,000.00	\$460.00 for the first \$100,000.00 plus \$3.00 for each additional thousand or fraction thereof, to and including \$500,000.00. *Plus plan review fee
\$500,000.00 and up	\$1,660.00 for the first \$500,000.00 plus \$2.00 for each additional thousand or fraction thereof. *Plus plan review fee

Plans denied and returned for correction: Date _____ By _____

Reason for return: _____ See Plan review See Red Line Notes

No exceptions taken: Date _____ By _____

Fire Sprinkled Yes No Occupancy Group _____ No. of Stories _____

Construction Type _____ No. of Off-street spaces _____ Occupant Load _____

Total Paved Area _____ Sq. Ft. Onsite Detention yes No