Permit Cost $ _____
Penalty $ _____
Issued _____
Approved _____
Faxed CCAD _____

FIXED EQUIPMENT PLACEMENT 8-21

CITY OF SEADRIFT
FIXED EQUIPMENT
PLACEMENT PERMIT

Tracking Number

PERMIT Number

Fees determined from Appendix IRC-R or IBC-L

P.O. BOX 159, SEADRIFT, TEXAS 77983 TEL: 361-785-2251 FAX: 361-785-2208

FIXED EQUIPMENT: GENERATORS, PUMPS, COMPRESSOR(S), BLOWER(S) AND ETC.

- **THIS PLACEMENT PERMIT APPLIES ONLY TO THE PLACEMENT OF PERMANENT GENERATORS, PUMPS AND ANY OTHER SIMILAR TYPE OF PERMANCENT ANCILLIARY MECHANICAL EQUIPMENT AND IS DEFINED AS "FIXED" EQUIPMENT".**
- **FIXED EQUIPMENT SHALL NOT BE PLACED BEFORE THE PERMIT APPLICATION FORM AND THIS PLACEMENT PERMIT IS COMPLETED & APPROVED – OTHERWISE THE MOVER AND/OR OWNER CAN BE CITED AND MAY INCUR FINES AND PENALTIES FOR NON-COMPLIANCE.**
- **ANY UTILTIES OR UTILITY CONNECTIONS NEEDED FOR THE FIXED EQUIPMENT WILL BE COORDINATED WITH APPROPRIATE AGENCIES, INCLUDING THE CITY AND THEIR LOCATIONS DETERMINED BEFORE PLACEMENT OF THE FIXED EQUIPMENT.**
- **PLACEMENT CANNOT BE DONE UNTIL THIS PERMIT AND ANY OTHER PERMITS ARE COMPLETED.**
- **IF THE FIXED EQUIPMENT WILL BE PLACED INSIDE ANY TYPE OF STRUCTU8RE, THE STRUCTURE MUST ALSO BE PERMITTED PROPERLY.**

1. **HAS PLACEMENT ALREADY BEGUN?** ☐-YES: *A Penalty WILL be assessed* ☐-NO
   - IF YES, WHAT HAS BEEN DONE? _____
2. BUILDING LOCATION: BLOCK:_____ LOT(S):_____
3. SUBDIVISION NAME: (If applicable)_____
4. PHYSICAL 911 ADDRESS LOCATION: _____ SEADRIFT, TX
5. LOT SIZE: _____ IF MULTIPLE LOTS, TOTAL SIZE: _____
6. EQUIPMENT TYPE ☐-GENERATOR(S) ☐-PUMP(S) ☐-COMPRESSOR(S) ☐?_____
7. EQUIPMENT SIZE: ☐ KW_____ ☐ GPM_____ ☐ CFM_____ ☐?_____
8. FUEL TYPE: ☐ DIESEL ☐ GASOLINE ☐ NATURAL GAS ☐ PROPANE ☐ ELEC
9. NOISE ABATEMENT NEEDED? ☐-YES ☐-NO dB RATING/DISTANCE _____
10. ESTIMATED INSTALL DATE? _____ YEAR BUILT: ____ DIMENSIONS: _____
11. CONTRACTED COST (VALUATION OF EQUIP + INSTALLATION): $ _____
    Copy of contract submitted? ☐-YES ☐-NO: *Valuation will be determined by city*
12. OWNERS NAME:_____ PHONE:_____
13. OWNERS MAILING ADDRESS:_____
    CITY _____ STATE _____ ZIP _____
14. CONTRACTOR NAME:_____ PHONE:_____
15. CONTRACTOR ADDRESS:_____
    CITY _____ STATE _____ ZIP _____
16. PRELIMINARY 8½ x 11 SITE PLATS ARE REQUIRED FOR ALL PLACEMENTS SHOWING LOCATION OF EQUIP IN RELATION TO ADJACENT PROPERTY LINES AND STRUCTURES.
    Preliminary Plat Attached? ☐-YES ☐-NO - *Permit will not be issued until received*

Permit expires 180 days after issue if no work has been performed or if work has ceased. Renewal may or may not require additional fees and depends on whether there have been changes to work scope.

To be completed BY BUILDING OFFICIAL BEFORE PERMIT ISSUANCE – Applicant Do Not Complete!

17. FLOOD ZONE LOCATION: ☐-VE(NOT ALLOWED) ☐-AE(Special Requirement) ☐-X ☐-OTHER

Installation of Fixed Equipment may or may not be allowed to be placed in Zone VE
Zone AE - Special Requirement determinations will need to be made on a case by case basis

18. WETLANDS: DOES PROPERTY CONTAIN WETLANDS? ☐-YES ☐-NO

If it appears wetlands are present and no delineation has been performed, a study may be required.

19. SETBACKS: *Setbacks are determined from Appendixes of the IRC or IBC:*

- ARE PROPERTY LINES IDENTIFIED?	☐-YES	☐-NO
- IS THIS AN INTERIOR LOT?	☐-YES	☐-NO
- IS THIS A CORNER LOT?	☐-YES	☐-NO
- DOES THIS LOT HAVE AN ODD SHAPE?	☐-YES	☐-NO

SURVEY REQUIRED? Yes/No? _____

IF YES, DESCRIBE: _____

20. SETBACKS FOR THIS PROJECT AND LOCATION: *Measured from any overhangs, extensions, porches, etc.*

A) _____ FROM FRONT STREET SURVEYED *PROPERTY LINE – NOT STREET LOCATION*

B) _____ FROM SIDE STREET *SURVEYED PROPERTY LINE - IF CORNER LOT*

C) _____ FROM ADJACENT *SURVEYED PROPERTY LINES - SIDES AND REAR*

21. VARIANCE? ☐ YES ☐ NO VARIANCE REASON: _____

_____

22. EQUIPMENT FOUNDATION TYPE:

☐-SLAB ☐-CEMENT BLOCK ☐-WOOD ☐-LIMESTONE ☐?_____

23. IF A STRUCTURE WILL BE CONSTRUCTED TO HOUSE THE FIXED EQUIPMENT, AS DEFINED IN THIS FORM, A BUILDING PERMIT WILL BE REQUIRED TO BE COMPLETED BEFORE CONSTRUCTION CAN BEGIN

24. IF A PORTABLE BLDG WILL BE PLACED TO HOUSE THE FIXED EQUIPMENT, AS DEFINED IN THIS FORM. A PORTABLE BUILDING PLACEMENT PERMIT WILL BE REQUIRED TO BE COMPLETED BEFORE CONSTRUCTION CAN BEGIN.

25. #23 & #24 ABOVE DOES NOT APPLY IF THE EQUIPMENT IS PART OF AN OVERALL BUILDING CONSTRUCTION PERMIT. EXAMPLE: REPAIR SHOP, GARAGE, ETC., WHERE THE EQUIPMENT WILL BE PERMANENTLY MOUNTED INSIDE THE SHOP, GARAGE ITSELF.

25. WILL THIS BE A COMMERCIAL LOCATION? ☐-YES ☐-NO

IF YES, TYPE OF COMMERCIAL USE: _____

22. DESCRIPTION OF WORK AND COMMENTS: _____

_____

_____

I hereby certify I have read this permit. I further certify all provisions of laws and ordinances governing this work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regarding construction, repairs, placements or the performance of such construction, repairs or placements.

SIGNATURE _____ DATE _____

INSPECTOR NOTES: _____

_____

_____

Permit expires 180 days after issue if no work has been performed or if work has ceased. Renewal may or may not require additional fees and depends on whether there have been changes to work scope.