APPLICATION NUMBER

_____

CITY OF BAY CITY

Building Department

1217 Avenue J
Bay City, TX 77414
Phone 979-323-1173 Fax
979-323-1672
permits@cityofbaycity.org

Applicant to Complete All Items in Sections I, II, III, IV, V, and VI

Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

I. Project Information

☐ RESIDENTIAL ☐ NON-RESIDENTIAL

PROJECT NAME	PARCEL I.D. / TAX I.D.	
ADDRESS	COUNTY	ZIP CODE

II. Identification

A. Owner or Lessee

NAME	TELEPHONE # (Include Area Code)	CELL PHONE # (Include Area Code)	
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS		FAX NUMBER # (Include Area Code)	

B. Architect or Engineer

NAME	TELEPHONE # (Include Area Code)	CELL PHONE # (Include Area Code)	
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS		FAX NUMBER # (Include Area Code)	

C. Contractor

NAME	TELEPHONE # (Include Area Code)	CELL PHONE # (Include Area Code)	
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS		FAX NUMBER # (Include Area Code)	

III. Type of Improvement and Plan Review

A. Type of Improvement

☐ NEW BUILDING	☐ REPAIR / REPLACE	☐ ACCESSORY BLDG.	☐ RE-ROOF
☐ ADDITION	☐ DEMOLITION	☐ SWIMMING POOL	☐ MISCELLANEOUS
☐ ALTERATION	☐ FOUNDATION ONLY	☐ DECK	☐ CERTIFICATE OF OCCUPANCY

B. Review(s) to be performed

☐ BUILDING ☐ ELECTRICAL ☐ PLUMBING ☐ MECHANICAL ☐ ENERGY ☐ FIRE

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.

☐ ROOFING, SIDING, WINDOWS

☐ ALTERATIONS AND REPAIR WORK DETERMINED BY THE BUILDING OFFICIAL TO BE OF A MINOR NATURE

PLANS AND SPECIFICATIONS ARE REQUIRED FOR ALL OTHER BUILDING PROJECTS.

IV. Proposed Use of Building

A. Residential - Proposed Use

- ☐ Single Family
- ☐ Two Family
- ☐ Multi-Family (Number of Uinits_____)
- ☐ Attached Garage
- ☐ Detached Garage
- ☐ Finished Basement
- ☐ Unfinished Basement
- ☐ Crawl Space / Pier & Beam
- ☐ Occupied ☐ Yes ☐ No
- ☐ _____
- ☐ _____

- ☐ Wood Burning Stove
- ☐ Masonry Fireplace
  - ☐ Gas Log ☐ Wood Burning
- ☐ Pre-Fab Fireplace
  - ☐ Gas Log ☐ Wood Burning
- ☐ Deck
- ☐ Modular Home
- ☐ Mobile Home/Manufactured Home
- ☐ # of Bedrooms_____
- ☐ # of Bathrooms: Full____ Partial____
- ☐ _____

Is there a fireplace in a bedroom: ☐ Yes ☐ No

B. Non-Residential - Proposed Use

- ☐ Assembly
- ☐ Factory
- ☐ Institutional
- ☐ Storage
- ☐ Utility or Miscellaneous
- ☐ Hazardous material to be stored on site
- ☐ Business
- ☐ Hazardous
- ☐ Mercantile
- ☐ Food Service
- ☐ Other _____

Type of Use _____

Type of Construction_____

DESCRIBE PROJECT IN DETAIL : _____

V. Selected Characteristics of Building

A. Principal Type of Frame

☐ WOOD FRAME ☐ MASONRY WALL BEARING ☐ STRUCTURAL STEEL ☐ REINFORCED CONCRETE ☐ OTHER_____

B. Principal Type of Heating

☐ NATURAL GAS ☐ ELECTRICITY ☐ OTHER

C. Type of Sewage Disposal

☐ PUBLIC ☐ SEPTIC SYSTEM

D. Type of Water Supply

☐ PUBLIC ☐ PRIVATE WELL OR CISTERN

E. Type of Mechanical

WILL THERE BE AIR CONDITIONING? ☐ YES ☐ NO WILL THERE BE AN ELEVATOR? ☐ YES ☐ NO

F. Dimensions

NUMBER OF STORIES _____

COST OF CONSTRUCTION _____

TEXAS ARCHITECTURAL BARRIERS ACT/EABPRJ # _____
"Required for Commercial projects over $50,000"

FLOOR AREA: TOTAL AREA _____

1ST FLOOR _____
2ND FLOOR_____
OTHER FLOOR _____
BASEMENT_____

VI. Applicant Information

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

APPLICANT: ☐ CONTRACTOR ☐ ARCHITECT/ENGINEER ☐ HOMEOWNER **(See Homeowner Affidavit)

By my signature below, I certify to each of the following: I am (_) the Contractor or (_) the Property Owner or (_) authorized to act on the property owner's behalf. I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of the City of Bay City, or the County of Matagorda, to enter the above identified property for TDLR verification, Code Enforcement, and inspection purposes.

SIGNATURE OF APPLICANT	DATE	DAYTIME PHONE #

PRINTED NAME	ADDRESS

****HOMEOWNER AFFIDAVIT: I HEREBY CERTIFY THAT THE WORK DESCRIBED ON THIS PERMIT APPLICATION WILL BE INSTALLED BY ME IN MY OWN HOME, WHICH IS MY LEGAL RESIDENCE AND DECLARED AS MY HOMESTEAD WITH THE MATAGORDA COUNTY APPRAISAL DISTRICT. I FURTHER CERTIFY THAT I HAVE NOT OBTAINED OR HELD A BUILDING PERMIT WITHIN ANY TWO (2) YEAR PERIOD AS A HOMEOWNER FOR WORK AT (3) DIFFERENT ADDRESSES. I AGREE THAT ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE CITY OF BAY CITY BUILDING CODE. I WILL COOPERATE WITH THE CITY OF BAY CITY INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR REQUIRED INSPECTIONS.**