



**One Stop Shop
Development Services Department
Permits & Inspections Division**

1522 Texas Parkway Missouri City, Texas 77489

281-403-8600 (Office)

MCTXpermits@missouricitytx.gov

Applications & Forms:



MCTX Self Service:



RESIDENTIAL BUILDING PERMIT APPLICATION

All fields must be completed

NOTE: The currently adopted national codes include: International Residential Code 2021; International Fire Code 2021; International Mechanical Code 2021; International Plumbing Code 2021; International Energy Code 2021; International Fuel Gas Code 2021; National Electrical Code 2023 and adopted amendments.

1. JOB ADDRESS: (An assigned address is required to process this application.)															
2. PROPERTY OWNER:															
PHONE:	EMAIL:														
3. DESIGN PROFESSIONAL NAME: (Individual or Company name.)															
PHONE:	EMAIL:														
4. DESCRIBE TYPE OF WORK BEING DONE:															
5. WORK CLASS: Separate permit applications may be required to support full scope of work. ☐ NEW SINGLE FAMILY DWELLING ☐ TOWNHOME ☐ ADDITION ☐ ALTERATION ☐ DETACHED ACCESSORY STRUCTURES (STORAGE, SHED, PORCH, CARPORTS)															
7. BUILDING DETAILS:	8. HOMEOWNERS/PROPERTY OWNERS ASSOCIATION:														
<table border="1"><tr><td>Construction Type:</td><td>Occupancy Group:</td></tr><tr><td>Number of Stories:</td><td>Total Building Square Feet:</td></tr><tr><td>Square feet of each Floor:</td><td>Number of sleeping Rooms:</td></tr><tr><td>1st:</td><td>Total Paving:</td></tr><tr><td>2nd:</td><td>Lot size:</td></tr><tr><td>3rd:</td><td>Percent of lot Coverage:</td></tr><tr><td>Garage Square Feet:</td><td></td></tr></table>	Construction Type:	Occupancy Group:	Number of Stories:	Total Building Square Feet:	Square feet of each Floor:	Number of sleeping Rooms:	1 st :	Total Paving:	2 nd :	Lot size:	3 rd :	Percent of lot Coverage:	Garage Square Feet:		Is the location subject to a Homeowners Association (HOA) or a Property Owners Associations (POA): ☐ YES ☐ NO If yes, provide verification that plans, as applicable have been submitted to the HOA or POA for review or provide response comments received.
Construction Type:	Occupancy Group:														
Number of Stories:	Total Building Square Feet:														
Square feet of each Floor:	Number of sleeping Rooms:														
1 st :	Total Paving:														
2 nd :	Lot size:														
3 rd :	Percent of lot Coverage:														
Garage Square Feet:															
9. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.															
Date: _____															
Printed Name	Signature														
Company Name	Phone														
	Email														



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RESIDENTIAL BUILDING PERMIT FEE SCHEDULE

PLAN REVIEW & PERMITS

When the valuation of the proposed construction exceeds \$1,000, a plan is required to be submitted. A plan review fee shall be paid at the time of application submission. Such plan review fee shall be equal to one-half of the required building permit fee. **Such fee is in addition to the Building Permit Fee.**

Description	Plan Review Fee	Permit Fee
Single Family Residential & Townhome Building, including additions	Total SF x \$0.20	Total SF x \$0.50
Major Remodel	\$38	\$100
Minor Remodel	\$25	\$50
Detached Accessory Structures (Storage Buildings, Porch, Carports)	\$52	\$104

PENALTIES

Where work for which a permit is required by City adopted codes and ordinances is started or proceeded prior to obtaining a permit, the fees herein specified shall be doubled.

The payment of such double fees shall not relieve any persons from fully complying with the requirements of this Code in the execution of the work nor from any other penalties prescribed herein.



RESIDENTIAL ENERGY COMPLIANCE PATH

Energy Code Requirements of the _____ IECC (IRC) as amended

Submit with application for either

☐ **A building permit** **OR** ☐ **A Certificate of Occupancy**

Project Address: _____

Project shall comply with one of the following:

- ☐ **Option #1 – Prescriptive Compliance: Sections R401 through R404 (N1101 through N1104)**
- ☐ **Option #2 – Total Building Performance Compliance: Section R405 (N1105)**
Includes compliance with requirements from Sections R401 through R402 as indicated in Table R405.2
- ☐ **Option #3 – IECC Energy Rating Index Compliance: Sections R406 (N1106)**
Includes compliance with requirements from Sections R401 through R402 as indicated in Table R406.2
Note: The HERS® index is not valid for code compliance.
- ☐ **Option #4 – ENERGY STAR Certified Homes® R102.1.1 (N1101.4.1)**
Includes compliance with requirements from Sections R401 through R402 as indicated in Table R405.2
Includes compliance with requirements from Section R402.4.1.2 (N1102.4.1.2), R403.3.3 (N1103.3.3), and R403.6.3 (N1103.6.3).
Note: Each 1- and 2-family dwelling shall be tested.
- ☐ **Option #5 – HB 3215 (87R) Home Energy Rating System Index Compliance**
Includes compliance with ANSI/RESNET/ICC 301, as it existed on January 1, 2021.
Includes compliance with the Mandatory requirements of 2018 IECC Section R406.2.
Includes compliance with Building thermal envelope provision of 2018 IECC R402.1.2 or 2018 IECC R402.1.4.

Attach appropriate site-specific design compliance report and inspection checklist.

Name and version of the compliance software (if selecting Option 2 through 5): _____

I certify that I have verified insulation materials and R-values; fenestration U-factors and SHGC values; area-weighted average U-factor and SHGC calculations; mechanical system design criteria; mechanical and service water heating system and equipment types, mechanical ventilation, sizes and efficiencies; equipment and system controls; duct sealing, duct and piping insulation and location; air sealing details; and that the project as designed satisfies the minimum requirements for the compliance approach selected above.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____



Residential Energy Testing Compliance Certificate

Energy Code Requirements of the _____ IECC (IRC) as amended

Provide this form at building completion prior to final inspections

Project Address: _____ Permit Number: _____

Building Thermal Envelope Leakage Testing (R402.4.1.2):

BUILDING THERMAL ENVELOPE TESTING VERIFICATION

☐ ACH50

☐ CFM per SF of dwelling unit enclosure*

I certify that I have conducted an **air leakage test and it has passed the requirements of the _____ International Energy Conservation Code, as amended locally**. I further certify the testing was conducted in accordance with ANSI/RESNET/ICC 380, ASTM E779, or ASTM E1827 and that I am a third party as approved by the building official.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

DUCT LEAKAGE TESTING VERIFICATION

☐ **Rough-In Test Option (R403.3.5 1.)**

System #1 - _____ CFM25

System #3 - _____ CFM25

System #5 - _____ CFM25

☐ **Post Construction Test Option (R403.3.5 2.)**

System #2 - _____ CFM25

System #4 - _____ CFM25

System #6 - _____ CFM25

I certify that I have conducted a **total duct leakage test and it has passed the requirements of the _____ International Energy Conservation Code, as amended locally**. I further certify that the testing was conducted in accordance with ANSI/RESNET/ICC 380 or ASTM E1554.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

MECHANICAL VENTILATION AIRFLOW TESTING VERIFICATION

Whole house System #1 - _____ CFM

Exhaust System #1 - _____ CFM

Exhaust System #3 - _____ CFM

Exhaust System #5 - _____ CFM

Whole house System #2 - _____ CFM

Exhaust System #2 - _____ CFM

Exhaust System #4 - _____ CFM

Exhaust System #6 - _____ CFM

I certify that I have conducted **whole-dwelling mechanical ventilation airflow and exhaust ventilation airflow tests and they have passed the requirements of the 2021 International Residential Code or International Mechanical Code as applicable and as amended locally**. I further certify that I am a third party as approved by the building official.

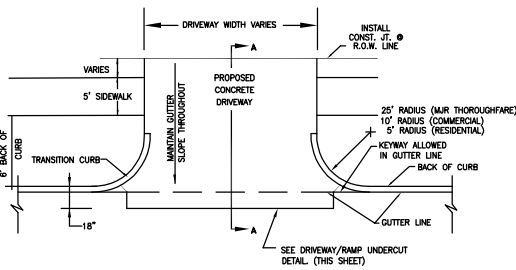
Agency and Certification Number: _____

Signature of Responsible Party: _____

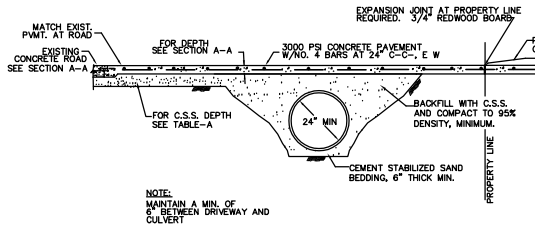
Printed Name and Title of Responsible Party: _____

* Per R402.4.1.2 and R402.4.1.3: The maximum infiltration rate for Option 1 Prescriptive Path is 5 ACH in Climate Zone 2A. The maximum infiltration rate for all other compliance paths and climate zones is 5 ACH or 0.28 CFM per SF of dwelling unit enclosure.

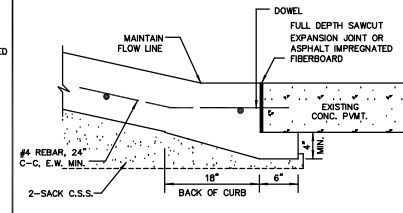
PLOT TIME: TIME STAMP



**6" CONCRETE CURB
DRIVEWAY PLAN**
N.T.S.

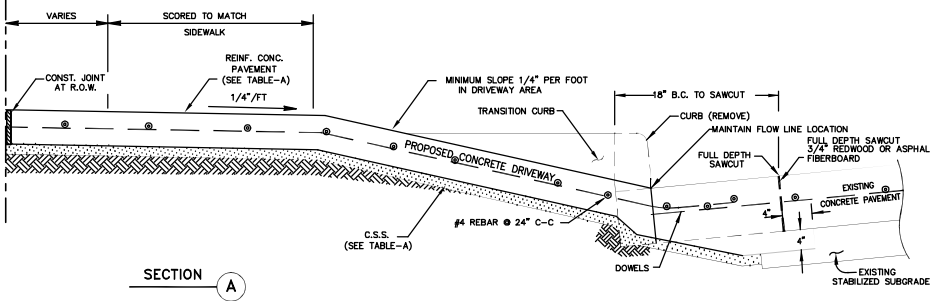


**CONCRETE APRON DETAIL – DRIVEWAY PROFILE
FOR CULVERT DRAINAGE**
N.T.S.

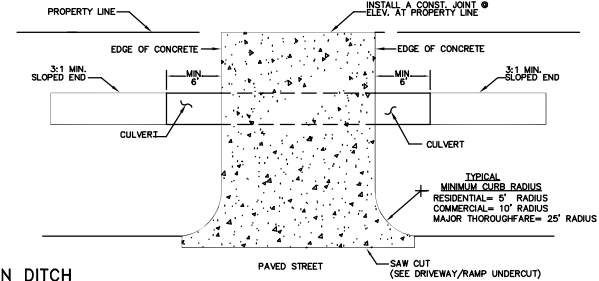


DRIVEWAY/RAMP UNDERCUT
N.T.S.

- NOTES:
- 1.) SAW CUT & BREAKOUT NO MORE THAN 72 HOURS PRIOR TO PROPOSED CONCRETE PLACEMENT. NOTIFY MISSOURI CITY PRIOR TO CUT.
 - 2.) UNSTABLE SUBGRADE SHALL BE OVER EXCAVATED & REPLACED WITH CONCRETE.
 - 3.) IT IS CONTRACTOR'S RESPONSIBILITY TO NOTIFY MISSOURI CITY OF ANY BIRD BATH PROBLEMS PRIOR TO CONSTRUCTION OF DRIVEWAY.
 - 4.) USE 1"x2" TREATED STAKES FOR HEADER.
 - 5.) EDGE ALL SIDES WITH EDGING TOOL AND BROOM FINISH
 - 6.) FOR INDUSTRIAL DRIVES, PAVEMENT SHALL HAVE A DEPTH OF 8" (IN).
 - 7.) EXPANSION JOINT AT PROPERTY LINE REQUIRED. 3/4" REDWOOD BOARD WITH NO. 4 DOWELS MINIMUM.
 - 8.) MAXIMUM ALLOWABLE DRIVEWAY GRADE IN PUBLIC R.O.W. IS 5%.
 - 9.) DRIVEWAY GRADE MUST MEET A.D.A. AND T.A.S. SIDEWALK SLOPE. SIDEWALKS MUST BE SCORED TO MATCH ADJACENT SIDEWALK. IF SLOPE IS CONTINUED THROUGH THE R.O.W. LINE, PROVIDE A 3/4" REDWOOD EXPANSION JOINT WITH DOWELS AT R.O.W. LINE.
 - 10.) REFER TO GENERAL, C.S.S., ASPHALT, AND CONCRETE PAVEMENT NOTES.



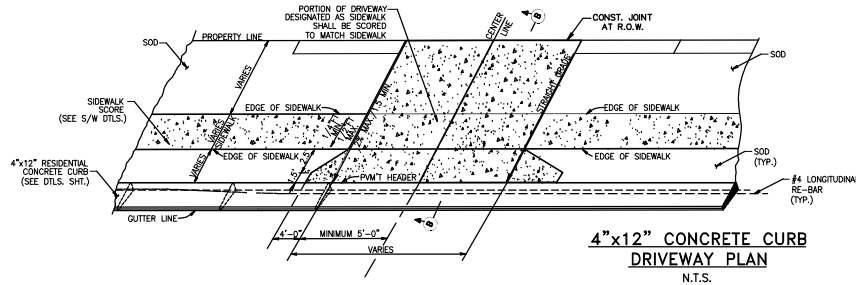
SECTION A



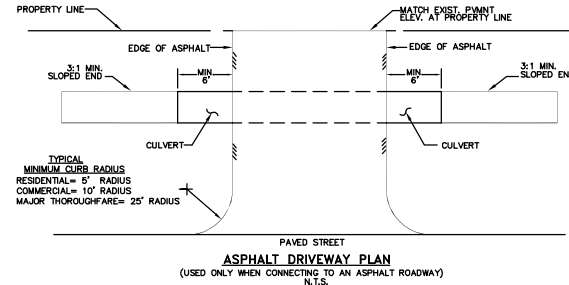
**OPEN DITCH
CONCRETE DRIVEWAY PLAN**
(USED ONLY WHEN CONNECTING TO A CONCRETE ROADWAY)
N.T.S.

TABLE-A	
CEMENT STABILIZED SAND 1 1/2 SK PER TN	
RESIDENTIAL	4" MINIMUM
COMMERCIAL	6" MINIMUM
INDUSTRIAL	8" MINIMUM
REINFORCED CONCRETE PAVEMENT AND APPROACHES 3000 PSI MIN	
RESIDENTIAL	6" MINIMUM
COMMERCIAL	7" MINIMUM
INDUSTRIAL	8" MINIMUM

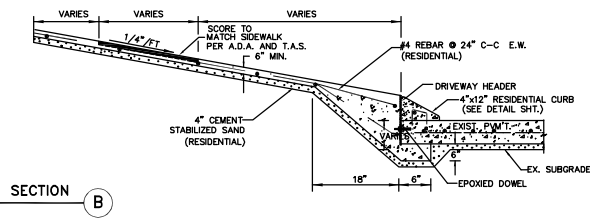
**DRIVEWAY
PAVEMENT
CONSTRUCTION TABLE**



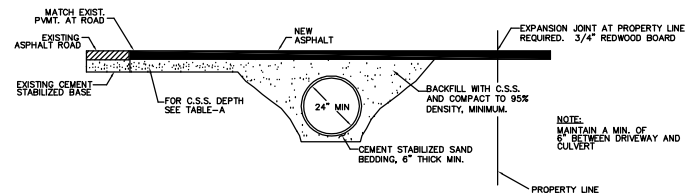
**4"x12" CONCRETE CURB
DRIVEWAY PLAN**
N.T.S.



ASPHALT DRIVEWAY PLAN
(USED ONLY WHEN CONNECTING TO AN ASPHALT ROADWAY)
N.T.S.



SECTION B



**ASPHALT APRON DETAIL – DRIVEWAY PROFILE
FOR CULVERT DRAINAGE**
N.T.S.

TABLE-A	
CEMENT STABILIZED SAND 1 1/2 SK PER TN	
RESIDENTIAL	4" MINIMUM
COMMERCIAL	6" MINIMUM
INDUSTRIAL	8" MINIMUM
REINFORCED CONCRETE PAVEMENT AND APPROACHES 3000 PSI MIN	
RESIDENTIAL	6" MINIMUM
COMMERCIAL	7" MINIMUM
INDUSTRIAL	8" MINIMUM
DRIVEWAY PAVEMENT CONSTRUCTION TABLE	
APPROVED BY: _____	
CITY ENGINEER: _____ DATE: _____	
CONSTRUCTION PLANS FOR: _____	
JOB No.: _____	MC-22-19
SCALE: AS NOTED	SHEET 23 OF 32
DATE: DECEMBER 2018	

CAD FILE PATH: CAD_FIL_PATH
CUT DATE: DATE