



City of San Angelo, Texas - Building Permits & Inspections
52 West College Avenue



Residential Building Permit Application

NOTE: Incomplete or illegible applications will not be accepted. All applications must be submitted digitally. All required fields must be filled in adequately. The Authorized Representative (as designated in Section 1) will be notified of any changes in status & contacted with any questions. Use "N/A" where an item is not applicable.

Section 1: Basic Information

Address _____

Legal Description (can be found on property tax statement or at www.tomgreencad.com) _____

Point of Contact / Authorized Representative - All communications will be conducted with this individual.

Point of Contact: _____

Name/Company

Phone Number

Email Address

Tenant: _____

Name/Company

Phone Number

Email Address

Property Owner: _____

Name

Phone Number

Email Address

Contractor: _____

Name/Company/Contractor #

Phone Number

Email Address

Architect/Engineer/Design Professional: _____

Name

Phone Number

Email Address

Section 2: Property Characteristics

Lot Size (Square Feet) _____

Lot Size (Acreage) _____

Total square footage of all existing buildings on site: _____ Square footage of proposed work: _____

Section 3: Utility Information

Water: ☐ City - requesting new meter
☐ City - utilizing existing meter
☐ Other

Sewer: ☐ City - requesting new services
☐ City - utilizing existing services
☐ Other
☐ Septic System

(NOTE: Please see Tom Green County Health Department for Septic System Permit 325-658-1024)

Section 4: Project Scope

☐ Change of occupancy ☐ Construction ☐ Addition ☐ House Moving ☐ Repair Work
☐ Alteration ☐ Demolition ☐ Carport ☐ Accessory Building

Scope of Work (select all that apply):

Description of Work: _____

The undersigned certifies that the above information is correct to the best of my knowledge and that I have read, fully understand and agree to abide by all applicable city ordinances and specifications.

Authorized Representative Signature _____

Date _____

Hours of Operation: 8 AM -12 PM & 1PM – 5 PM

No payments or permit issuance can be made after 4 PM due to accounting constraints. 325-657-4210, #1 www.cosatx.us/permits

Name: _____ Address: _____

RESIDENTIAL CONSTRUCTION - PERMIT CHECKLIST

N/A General Requirements

☐☐

A completed application. All information must be completely filled out.

One complete **digital** set of plans with specifications, fully dimensioned. Plans must be drawn to scale and indicating the scale used. These plans must include:

Construction drawings

☐☐

- Foundation Detail

☐☐

- Wall sections
 - Typical (wall) Framing Detail
 - Elevation Drawings

☐☐

- Roof Detail

☐☐

- Structural

Floor plan

☐☐

- Label each room with use and dimensions.

☐☐

- Show all door locations.

☐☐

- Smoke detector locations.
 - Carbon monoxide detector locations (if gas is used in the residence or if there is an attached garage).

☐☐

- Plumbing fixture schedule. (N/A if no plumbing work is involved.)

☐☐

- Window schedule
 - Required when replacing existing windows, adding new windows or when window is used as emergency egress. (Mark N/A if none of the above apply.)

Specifications

☐☐

- Electrical
 - N/A if no electrical work is proposed

☐☐

- Plumbing
 - N/A if no plumbing work is proposed

☐☐

- Residential Check Forms found at <https://www.energycodes.gov/rescheck>.

Required Building Address Signage

☐☐

Site Plan (Required if new construction or expanding the footprint of the building)

☐☐

- All property lines, setback lines and curb lines.

☐☐

- All existing and proposed driveway approaches with dimensions at the narrowest and widest portions.

☐☐

- If building or site work occurs within the flood plain, apply for a Flood Plain Development Permit with Engineering Services.

I certify that all items above have been provided as required. I understand that not providing all of this information will result in an incomplete application, which will not be reviewed or approved until all minimum requirements have been addressed.

Applicant

Date