

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

CITY OF SEADRIFT

REPAIR PERMIT 8-21

Repair, Mechanical, Electrical, Plumbing, Misc: See TDI info on reverse side
New Construction and Additions: Use Bldg Permit

Tracking # _____

PERMIT Number _____

PO BOX 159, SEADRIFT, TX, 77983, TEL: 361-785-2251, FAX: 361-785-2208

Permit Fees: Fee is determined from Appendix IRC-R or IBC-L

1. HAS WORK ALREADY BEGUN? ☐ -YES: A Penalty may be assessed ☐ -NO
2. DOES SCOPE OF WORK FALL UNDER THE CATEGORY OF TDI WINDSTORM GUIDELINES?
☐ -NO SEE TDI INFORMATION ON REVERSE ☐ -YES

If yes, it is your responsibility to contact your insurer to determine if you need a windstorm inspection to maintain any windstorm insurance coverage

3. BUILDING LOCATION: BLOCK: _____ LOT: _____
4. SUBDIVISION: (If applicable) _____
5. 911 PHYSICAL ADDRESS: _____ SEADRIFT, TX
6. OWNERS NAME: _____ PHONE: _____
7. OWNERS MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____
8. CONTRACTOR NAME: _____ PHONE: _____
9. CONTRACTOR ADDRESS: _____ CITY _____ STATE _____ ZIP _____
10. ESTIMATED/CALCULATED VALUATION OF REPAIR: \$ _____

If less than \$1,000 no fee is required, however a completed permit is required.

WILL REPAIRS EQUAL OR EXCEED 50% OF THE MARKET VALUE OF THE STRUCTURE?

Yes/No? _____ IF YES, COMPLETE BACK PAGE CCAD MARKET VALUE \$ _____

11. TYPE OF WORK: ☐ -INTERIOR ☐ -EXTERIOR ☐ -CARPENTRY ☐ -MASONRY
☐ -SHEETROCK ☐ -INSULATION ☐ -MECH ☐ -ELEC ☐ -PLUMBING
☐ -OTHER _____
12. MECHANICAL: HVAC: Y/N? _____ ☐ -INSTALL ☐ -REPAIR ☐ -REPLACE
WATER HEATER: Y/N? _____ ☐ -INSTALL ☐ -REPAIR ☐ -REPLACE
MOTORS/PUMPS: Y/N? _____ ☐ -INSTALL ☐ -REPAIR ☐ -REPLACE
13. ELECTRICAL: WIRING: Y/N? _____ ☐ -INSTALL ☐ -REPAIR ☐ -REPLACE
METER LOOP: Y/N? _____ ☐ -INSTALL ☐ -REPAIR ☐ -REPLACE
WHOLE HOUSE: Y/N? _____ ☐ -INSTALL ☐ -REPAIR ☐ -REPLACE
14. PLUMBING: Y/N? _____ WATER: ☐ -COPPER ☐ -PVC WASTE: ☐ -PVC ☐ -OTHER _____
SINKS/TUBS/TOILETS: Y/N? _____ ☐ -INSTALL ☐ -REPAIR ☐ -REPLACE
HOT TUBS: Y/N? _____ ☐ -INSTALL ☐ -REPAIR ☐ -REPLACE
POOLS: Y/N? _____ ☐ -INSTALL ☐ -REPAIR ☐ -REPLACE
15. EXTERIOR WALLS: Y/N? _____ ☐ -WOOD ☐ -MASONRY ☐ -STEEL ☐ -HARDI
16. ROOF REPAIR: Y/N? _____ ☐ -WOOD ☐ -METAL ☐ -TILE ☐ -COMP
17. DESCRIPTION OF WORK: _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE WITH SIGNATURE AND DATE

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.

20210809

PAGE 2 REPAIR PERMIT 50% OR MORE

This side primarily addresses repairs of 50% or more of CCAD Value, particularly after a natural disaster such as a Hurricane where the repairs would exceed 50% or higher of CAD

Flood Requirements
changed 08/13/2014

18. IS THIS MANUFACTURED STRUCTURE? (Commercial or Residential) ☐ -YES ☐ -NO

▶ IS MANUFACTURED STRUCTURE WITHIN ZONE VE? ☐ -YES (Structure must be dismantled) ☐ -NO

▶ IF NO, SPECIAL REQUIREMENTS ARTICLE 5(B) FLOOD DAMAGE PREVENTION ORDINANCE APPLY

DO NOT COMPLETE THIS SECTION – CITY COMPLETES THIS SECTION BEFORE PERMIT ISSUED!

19. FLOOD ZONE LOCATION: ☐ -VE ☐ -AE ☐ -X ☐ -OTHER

▶ Non-Manufactured Structures: **VE**: Special Requirement must comply with Article 5(B) & 5(F) of Flood Damage Prevention Ordinance

▶ Non-Manufactured Structures: **AE**: If 50% or greater of Market Value the top of the first living floor must be elevated 1+ foot above BFE before repairs can begin. If not elevated, repair permit will not be issued and the structure must be dismantled if owner is unable to comply with repair requirements.

▶ Manufactured Housing: **VE**: If 50% or greater of Market Value it must be dismantled.

▶ Manufactured Housing: **AE**: If 50% or greater of Market Value it must be elevated where the BOTTOM of the I-Beam is elevated 1+ foot above BFE before repairs can begin. If not elevated, repair permit will not be issued and the structure must be dismantled if owner is unable to comply with repair requirements.

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

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

21. 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: _____

22. SETBACKS FOR THIS PROJECT AND LOCATION: *Measured from any Overhang, Extension, Porch, 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

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

24. ANY ADDITIONAL DESCRIPTION OF WORK OR CONSTRUCTION: _____

25. 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 _____

PERMIT IS NOT COMPLETE UNTIL A PERMIT NUMBER HAS BEEN ASSIGNED!

DEVELOPMENT DEPARTMENT NOTES: _____

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