



PO Box 738/808 Hwy 77A South
 Yoakum, Texas 77995
 Phone #: (361) 293-6321
 Fax #: (361) 293-3318

Permit NO. _____

Building Permit Application

1. Job Address				Current Zoning
Legal Description:	Lot #	Block:	Addition:	
2. Owner	Mailing Address	Zip	Phone	
3. Building Contractor	Mailing Address	Zip	Phone	License #
4. Use of Building: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential			Floodplain: <input type="checkbox"/> In <input type="checkbox"/> Out	
5. Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Alteration/Repair: _____ <input type="checkbox"/> Other: _____				
6. Describe Work:		Square Footage of Work Area:	sq. ft.	
_____		_____		
_____		_____		
Plumbing Contractor :	Electric Contractor:	Mechanical Contractor:		
7. Total Valuation of Work: \$		Permit Fee: \$		
<p>NOTICE: SEPARATE PERMITS ARE REQUIRED FOR PLUMBING, ELECTRIC, MECHANICAL AND GAS.</p> <p>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. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</p>				
_____		_____		
Applicant's Name (Please Print)		Date		
_____		_____		
Signature of Applicant		<p>FOR OFFICE USE ONLY: Application Approved: _____ Code Enforcement Officer Date: _____</p>		

INSPECTOR'S RECORD:		
Rough In: _____	Initials: _____	Comments: _____
Final: _____	Initials: _____	Comments: _____

ALL COMMERCIAL CONSTRUCTION AND DEMOLITION

PROOF OF TEXAS ACCESSIBILITY STANDARDS (TAS) SUBMITTAL: YES NO

For construction cost of \$50,000 or more only; must submit proof that building plans and specifications have been submitted to the Texas Department of Licensing & Regulation under the Architectural Barriers Act.

ASBESTOS SURVEY REQUIRED: YES NO

Survey Date: _____

TDH Inspector No.: _____

The Development Center can provide you with a current list of licensed asbestos inspectors or you may contact the Texas Department of Health's Asbestos Program in Austin, Texas at 1-800-572-5548 or online at www.dshs.state.tx.us/asbestos.

I, _____, am the owner of the building at this location, and acknowledge that an asbestos survey is required by a licensed asbestos inspector for the same address prior to the issuance of a permit.

PENALTIES:

State health inspectors have authority to enter any areas to determine compliance with the regulations of the Texas Asbestos Health Protection Act. In addition, violations can result in a **fine of up to \$10,000** a day. As long as the violation continues, each day is considered a separate violation.

Owner Signature

Date

BUILDING PERMIT FEE SCHEDULE

\$0 - \$5,000 Total Value of Work Equal to or Less Than \$5,000

Total

\$ 50.00

\$5,001 - \$50,000 Total Value of Work Equal to or Less Than \$50,000

First \$5,000 → 1. **\$ 50.00**

Total of 1 & 2

Each Additional \$1,000	# over 1 st \$5,000 _____	X	\$5.00 EACH Per \$1,000 of Value	=	2. \$
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\$

\$50,001 - \$100,000 Total Value of Work Equal to or Less Than \$100,000

First \$50,000 → 1. **\$ 260.00**

Total of 1 & 2

Each Additional \$1,000	# over 1 st \$50,000 _____	X	\$4.00 EACH Per \$1,000 of Value	=	2. \$
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\$

\$100,000 - \$500,000 Total Value of Work Equal to or Less Than \$500,000

First \$100,000 → 1. **\$ 460.00**

Total of 1 & 2

Each Additional \$1,000	# over 1 st \$100,000 _____	X	\$3.00 EACH Per \$1,000 of Value	=	2. \$
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\$

\$500,001 & OVER Total Value of Work OVER \$500,001

First \$500,000 → 1. **\$ 1,660.00**

Total of 1 & 2

Each Additional \$1,000	# over 1 st \$500,000 _____	X	\$2.00 EACH Per \$1,000 of Value	=	2. \$
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\$