

City of Saginaw
 Permit Department
 205 Brenda Ln
 Saginaw, Texas 76179
 817-230-0453 Fax 817- 232-9868



City of Saginaw

**COMMERCIAL / INDUSTRIAL
 BUILDING PERMIT APPLICATION**

Permit Date: _____
 Permit #: _____
 Total Fee: _____
 Receipt #: _____

Permit Address:			
Lot:	Block:	Addition:	Zoning:

PROPERTY OWNER INFORMATION

Name:		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Cell:

OCCUPANCY INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Cell:
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:

TYPE OF PERMIT

Accessory Detached Building Addition Building Remodel Drive Approach Finish Out Foundation Roof

PERMIT INFORMATION

Construction Value (including: electrical, mechanical, & plumbing):	
Square Footage of Project:	Three (3) sets of plans included: YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have owner's consent to perform work? YES <input type="checkbox"/> NO <input type="checkbox"/>	
What will the building be used for?	
Will there be a change in the use of the property? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes please describe:
Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP)?	YES <input type="checkbox"/> *NO <input type="checkbox"/>
Date of survey:	TDH Inspector License #:
*If NO, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued.	

Describe all work to be done:

CONTRACTOR INFORMATION

All Contractors must be registered with the City of Saginaw and Validated on Permit Prior to Permit Being Released

GENERAL CONTRACTOR INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Cell:

ELECTRICAL CONTRACTOR INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Cell:

MECHANICAL CONTRACTOR INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Cell:

PLUMBING CONTRACTOR INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Cell:

PERMIT REQUIREMENTS

The following guidelines apply for this permit:

- 1) Applicant must provide three (3) complete sets of plans designed by a registered design professional licensed by the State of Texas.
- 2) Work must be designed and performed in accordance with all current codes and Saginaw ordinances.
- 3) Permit and inspection fees are based on construction value of project (re-inspection fees may be assessed as necessary)

This permit, once issued, expires by limitation 180 days from the date of issuance unless construction is commenced and inspection approval is obtained within 180 days of issuance. The authority having jurisdiction shall be permitted to grant an extension of the permit time period for additional 180 days upon written documentation, by the permittee, of a satisfactory reason for failure to start or complete the work or activity authorized by the permit. **Only one extension will be allowed.**

I understand that all permits require a final inspection.

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.

Applicant Signature:	
Printed Name:	Date:

FOR OFFICE USE ONLY

APPLICATION / PLAN INFORMATION

Application Accepted By:	Date:
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Environmental Information Copy Delivered to Environmental Department	Date:
Plans Delivered to Building Department: (2 sets)	Date:
Plans Delivered to Fire Department:	Picked up by: Sent inter-office
	Date:

INSPECTOR PLAN REVIEW
Information for PTWin32

Project Description:		Construction Type:	
Purpose (Commercial / Industrial):		Construction Value:	
Zoning:		Public Ownership:	YES <input type="checkbox"/> NO <input type="checkbox"/>
# of Buildings:		Total Floor Area:	
Occupancy Group:		Occupancy Load:	
Site Plan Submitted:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Does use fit Zoning:	YES <input type="checkbox"/> NO <input type="checkbox"/>

COMMENT TRACKING

Comments to contractor:	Date:	Comments from contractor:	Date:
Comments to contractor:	Date:	Comments from contractor:	Date:
Comments to contractor:	Date:	Comments from contractor:	Date:

BUILDING FEES				DEPARTMENT APPROVALS		
CODE	DESCRIPTION	FEE NUMBER	FEE AMOUNT	DEPARTMENT	DOCUMENT	DATE
PERBL	PERMIT FEE			P&Z / WATER	PLAN REVIEW FORM	
PERBL	PLAN REVIEW FEE			ENVIRONMENTAL	LETTER	
SUBTOTAL:				FIRE	LETTER	
PERMIT CARD MADE:				HEALTH	YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTRACTOR CALLED:				BUILDING	SIGNATURE	

Comments:

Inspector Approval:	Date:
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