

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



City of Saginaw

Permit Date: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Total Fee: \_\_\_\_\_

**COMMERCIAL / INDUSTRIAL**

**NEW CONSTRUCTION PERMIT APPLICATION**

<b>Permit Address:</b>			
<b>Lot:</b>	<b>Block:</b>	<b>Addition:</b>	<b>Zoning:</b>

**PROPERTY OWNER INFORMATION**

<b>Name:</b>		
<b>Company Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Cell:</b>

**OCCUPANCY INFORMATION**

<b>Company Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Cell:</b>
<b>Mailing Address:</b>		
<b>Mailing City:</b>	<b>Mailing State:</b>	<b>Mailing Zip:</b>

**PERMIT INFORMATION**

<b>Construction Value (including: electrical, mechanical, &amp; plumbing):</b>	
<b>Square Footage of Building (total gross floor area):</b>	<b>Three (3) sets of plans included: YES <input type="checkbox"/> NO <input type="checkbox"/></b>
<b>Do you have owner's consent to perform work? YES <input type="checkbox"/> NO <input type="checkbox"/></b>	<b>What will the building be used for?</b>
<b>Will there be a change in the use of the property? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please describe:</b>	

<b>Describe all work to be done:</b>

**WATER / SEWER INFORMATION**

<b>Water Meter Size:</b>	<b>Sewer Size:</b>	<b>Irrigation Meter Size:</b>
<b>2nd Water Meter Size:</b>	<b>2nd Sewer Size:</b>	<b>City to Install Taps: *YES <input type="checkbox"/> NO <input type="checkbox"/></b>

Water fees are figured by the water department and are due with permit fees. \*There is a additional charge for the city to make taps.

## 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)
- 4) Water / Sewer fees are based on the size and type of water meter(s) requested.

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:

## ENVIRONMENTAL INFORMATION

<b>Permit Address:</b>			
<b>Lot:</b>	<b>Block:</b>	<b>Addition:</b>	<b>Zoning:</b>

### OCCUPANCY INFORMATION

<b>Company Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Cell:</b>
<b>Mailing Address:</b>		
<b>Mailing City:</b>	<b>Mailing State:</b>	<b>Mailing Zip:</b>

<b>NATURE OF CONSTRUCTION</b>	<b>WATER METER INFORMATION</b>
Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>	How Many Water Meters? <input style="width: 50px;" type="text"/>

### WASTEWATER PRETREATMENT

<b>Pretreatment Facility?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Type:</b>	<input style="width: 80%;" type="text"/>
<b>Special Manufacturing Wastes Generated?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>If Yes, describe:</b>	<input style="width: 90%;" type="text"/>		

### EROSION CONTROL PLAN

<b>Is erosion control plan included?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Is SWPPP included?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	---------------------------	--

### STATE NOTICE FILING INFORMATION

<b>Total Acreage Disturbed:</b>			
<b>1 Acre or more</b>		<b>5 Acres or more</b>	
<b>Site Notice Filed with State?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>NOI Filed with State?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Date Filed:</b>	<input style="width: 80%;" type="text"/>	<b>Date Filed:</b>	<input style="width: 80%;" type="text"/>
<b>Copy Provided?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Copy Provided?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>Additional or Special Information:</b>
<input style="width: 98%; height: 20px;" type="text"/>
<input style="width: 98%; height: 20px;" type="text"/>
<input style="width: 98%; height: 20px;" type="text"/>
<input style="width: 98%; height: 20px;" type="text"/>
<input style="width: 98%; height: 20px;" type="text"/>

<b>Applicant Signature:</b>	
<b>Printed Name:</b>	<b>Date:</b>

**FOR OFFICE USE ONLY**

**APPLICATION / PLAN INFORMATION**

Application Accepted By:	Date:
--------------------------	-------

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:
---------------------	-------