LONG FORM:BUILDING PERMIT APPLICATION

City of El Campo
Planning Department
315 E Jackson St
El Campo Texas 77437
cityofelcampo.org

PROJECT NUMBER:

Project Number is assigned by the Planning Department and should appear on all documents, plan sets, drawings and submittals.

PROJECT ADDRESS: DATE:

LEGAL DESCRIPTION LOT NO. BLOCK: SUBDIVISION: SHOPPING CENTER: NAME OF BUSINESS:

OWNER: MAILING ADDRESS: CITY STATE ZIP CODE PHONE:

CONTRACTOR: MAILING ADDRESS: CITY STATE ZIP CODE PHONE:

ENGINEER/ ARCHITECT: MAILING ADDRESS: CITY STATE ZIP CODE PHONE:

CLASSIFICATION:
☐ RESIDENTIAL ☐ COMMERCIAL ☐ PUBLIC

ZONING: ☐ R-1E ☐ R-1 ☐ R-1S ☐ R-1M ☐ R-2 ☐ R-3 ☐ C-1A ☐ C-1 ☐ C-2 ☐ CBD ☐ M-1B ☐ M-1 ☐ M-2

CLASS OF WORK:
☐ NEW ☐ REMODEL
☐ ADDITION ☐ RENOVATION/DEMOLITION
☐ REPAIR/REPLACE EXISTING

PLANNED USE OF FACILITY:

DESCRIPTION OF WORK:

TEXAS DEPARTMENT OF LICENSING AND REGULATION REQUIRES ALL NON RESIDENTAIL PROJECTS THAT EXCEED $50,000 TO HAVE A PROJECT NUMBER. TO REGISTER CALL: 512.463.7357. ⇨ TDLR PROJECT NUMBER:

TOTAL VALUATION OF PROJECT:	TOTAL PROJECT SQUARE FOOTAGE:	SLAB ELEVATION:	TTL PROPOSED IMPERVIOUS COVER:

APPLICANT MUST COMPLETE ALL FIELDS BELOW.
ENTER "N/A" TO THOSE SECTIONS THAT DO NOT APPLY

CONSTRUCTION TYPE (1): ⇨ (1) SQ FT TTL:
CONSTRUCTION TYPE (2): ⇨ (2) SQ FT TTL:
CONSTRUCTION TYPE (3): ⇨ (3) SQ FT TTL:
EXTENT OF REMODEL (%):

OF PARKING SPACES
STANDARD:
HANDICAPPED:
LOT SIZE (SF):

1ST FLOOR (SF): 2ND FLOOR (SF): # OF STORIES:
GARAGE (SF): TTL PAVING (SF): TTL BUILDING SF:

RENOVATIONS AND DEMOLITIONS REQUIRE AN ASBESTOS SURVEY. ⇨ ASBESTOS SURVEY?

STRUCTURAL ENGINEER SEAL REQUIRED ON ALL SPANS OVER 24'. ⇨ SPANS OVER 24'?

FLOODPLAIN (SFHA)? SFHA - LOWEST FLOOR ELEVATION:

NEW WATER METER? ⇨ SIZE:
NEW SEWER CONNECTION? ⇨ SIZE:
FIRE SPRINKLER REQUIRED:

In making this application, I, or we, profess to be familiar with all applicable state laws, ordinances, rules and regulations of the City of El Campo relating to buildings and premises and agree to abide by the same, and all lawful decisions of the City Planning Department, its representatives, the Planning and Zoning Commission and the Board of Appeals made with reference to questions arising about work done or to be done, or undertaken under the permit here applied for, if same is issued, and further agree to be responsible for full compliance with same by me or our employees or associates in such work.

SIGNATURE OF APPLICANT: DATE:

SIGNATURE OF ARCHITECT/ENGINEER: DATE:

SIGNATURE OF CONTRACTOR: DATE:

PRINTED NAME OF APPLICANT:

EMAIL ADDRESS: **PHONE NUMBER:**

For Office Use Only

ACCEPTED BY: DATE:

USE: CONFORMING?

ACCOUNT # CONFORMING? ZONE:

INTERNAL VALUATION CALCULATION:

CFM REVIEW: DATE:

FLOOD ZONE: ELEV. CERT RECV'D ☐ BFE

FIRE MARSHAL REVIEW: DATE: OCCUPANT LOAD:

BUILDING OFFICIAL REVIEW: DATE:

DEPT DIRECTOR APPROVAL: DATE:

APPLICATION ACCEPTED: DATE:

NOTES:

APPLICANT CONTACTED FOR RESUBMITTAL:

RESUBMITTAL DATE: APPLICATION STATUS:

PERMIT #:

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, MECHANICAL PLUMBING AND GAS.