SHORT 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.

CLASSIFICATION:

☐ RESIDENTIAL ☐ COMMERCIAL ☐ PUBLIC

DATE:

PROJECT ADDRESS:

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

OWNER: ____ MAILING ADDRESS: ____ CITY STATE ZIP ____ PHONE: ____

CONTRACTOR: ____ MAILING ADDRESS: ____ CITY STATE ZIP ____ PHONE: ____

CLASS OF WORK: ☐ NEW ☐ REPAIR/REPLACE EXISTING

TOTAL VALUATION OF PROJECT: ____ PROJECT SQUARE FOOTAGE: ____ FLOODPLAIN (SFHA)? ____ LOWEST FLOOR ELEVATION: ____

DESCRIPTION OF WORK: (CHECK ONLY ONE)

☐ PATIO/DECK/PORCH FLOOR ONLY ☐ FENCE ☐ CARPORT ☐ SIDING
☐ PATIO/DECK/PORCH FLOOR/ROOF ☐ ROOF ☐ DRIVEWAY ☐ AWNING
☐ PATIO/DECK/PORCH ENCLOSED ☐ SHED ☐ WALKWAY

MATERIALS TO BE USED:(CHECK ALL THAT APPLY)

☐ WOOD ☐ IRON ☐ CHAIN LINK ☐ STONE
☐ HARDIPLANK ☐ STEEL ☐ TILE ☐ COMPOSITE
☐ CONCRETE ☐ ALUMINUM ☐ SCREEN/MESH ☐ GLASS

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

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 Adjustments 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 CONTRACTOR: ____ DATE:

PRINTED NAME OF APPLICANT:

PHONE NUMBER: ____ **EMAIL ADDRESS:** ____

IN THE GRID AREA BELOW: USING THE SAMPLE SITE PLAN - DRAW DETAILS OF YOUR PROJECT. ADD A NORTH ARROW, AND PROJECT ADDRESS AND LEGAL (LOT, BLOCK, SUBDIVISION, ETC.).
IMPERVIOUS AREA - SQUARE FOOTAGE FOR EACH DISTURBED AREA AND TOTAL.
BUILDING COVERAGE: BUILDING SQUARE FOOTAGE.
LOT AREA: TOTAL SQUARE FOOTAGE OF AREA.

IMPERVIOUS AREA

DRIVEWAY ____
PATIO ____
SIDEWALK ____
ROOF AREA (INCLUDING OVERHANG) ____
TOTAL ____

BUILDING COVERAGE

BUILDING FOOTPRINT ____

LOT AREA

LOT AREA ____

SITE PLAN

SCALE: 1" = 10'

2' 10'

PROJECT LEGAL ____

PROJECT ADDRESS ____

NORTH

For Office Use Only

ACCEPTED BY: ____ DATE:

USE: ____ CONFORMING?

ACCOUNT # ____ ZONE:

INTERNAL VALUATION CALCULATION:

CFM REVIEW: ____ DATE:

FLOOD ZONE: ____ BFE:

FIRE MARSHAL REVIEW ____ DATE:

BUILDING OFFICIAL REVIEW: ____ DATE:

DEPT DIRECTOR APPROVAL: ____ DATE:

APPLICATION ACCEPTED: DATE:

PERMIT #:

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