

# City of Temple Universal RESIDENTIAL Building Permit Application

*(Incomplete applications will not be accepted)*

## Check all that apply

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> New SFR          | <input type="checkbox"/> Driveway          | <input type="checkbox"/> Mechanical   | <input type="checkbox"/> Fence               |
| <input type="checkbox"/> New Duplex       | <input type="checkbox"/> Parking Pad       | <input type="checkbox"/> Electrical   | <input type="checkbox"/> Roof                |
| <input type="checkbox"/> Remodel Interior | <input type="checkbox"/> Sidewalk          | <input type="checkbox"/> Plumbing     | <input type="checkbox"/> Pool/Hot Tub        |
| <input type="checkbox"/> Remodel Exterior | <input type="checkbox"/> Flatwork          | <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> Addition         | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Other: _____ |  |

### PROJECT/SITE INFORMATION: *PLACE N/A FOR ALL ITEMS THAT DO NOT APPLY*

Project Address (Location): \_\_\_\_\_ Total Acres: \_\_\_\_\_  
Project Name: \_\_\_\_\_ Parcel(s) Tax ID# (Required): \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

### PROPERTY OWNER INFORMATION: Primary Contact

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### GENERAL CONTRACTOR INFORMATION: Primary Contact

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### BUILDING INFORMATION (If Proposed)

Number of Stories: \_\_\_\_\_ Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Porch: \_\_\_\_\_ Total: \_\_\_\_\_ Estimated Cost \_\_\_\_\_  
Septic: Yes  No  Well: Yes  No  Flood Plain: Yes  No  Fire Sprinkler: Yes  No   
Historic District: Yes  No  Current Zoning: \_\_\_\_\_  
Water tap size: \_\_\_\_\_ Sewer tap size: \_\_\_\_\_ Irrigation tap size: \_\_\_\_\_

### Accessory Structure (If Proposed)

Square Footage: \_\_\_\_\_ Wall Height: \_\_\_\_\_ Type of Material: \_\_\_\_\_  
Homeowner has contacted their Home Owners Association? Yes  No  n/a  Estimated Cost \_\_\_\_\_  
Existing Structures on property: \_\_\_\_\_

### FENCE INFORMATION (If Proposed)

New  Replacement  Repair  Fence Height: \_\_\_\_\_ Proposed Fence Material: \_\_\_\_\_  
Corner Lot: Yes  No  Front yard  Rear Yard  Side Yard  Estimated Cost \_\_\_\_\_

### ROOF INFORMATION (If Proposed)

New  Replacement  Repair  Cost of Construction: \_\_\_\_\_ SQ FT: \_\_\_\_\_  
Existing Material: \_\_\_\_\_ Existing Color: \_\_\_\_\_  
Proposed Material: \_\_\_\_\_ Proposed Color: \_\_\_\_\_ # of layers: \_\_\_\_\_

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## POOL INFORMATION (If Proposed)

Estimated cost: \_\_\_\_\_

**Select All that Apply:** Private Pool  Public Pool  Private Hot Tub/Spa  Public Hot Tub/Spa  Fountain

Above Ground  In-ground  Raised Deck or Platform Surround  Concrete or Stone Surround  Safety Cover

Self-closing/self-latching gates  Alarm on Doors  Fully Fenced  Fence Material: \_\_\_\_\_ Fence Height: \_\_\_\_\_

## FLATWORK INFORMATION (If Proposed)

New  Replacement  Repair  SQ FT: \_\_\_\_\_ Estimated cost: \_\_\_\_\_

Existing Material: \_\_\_\_\_ Proposed Material: \_\_\_\_\_

Driveway  Parking Pad  Porch/Patio  Ramp  Garage Floor  Sidewalk  Open Storage area  Other \_\_\_\_\_

## ELECTRICAL INFORMATION (If Proposed)

**Select all that Apply:** New  Temp Pole  Repair  Trailer Hookup  Upgrade  Gasoline Pump

Change Service  Sign Hookup  Move Service  Motor  Other, please specify: \_\_\_\_\_

Amps: \_\_\_\_\_ Feeder panels: \_\_\_\_\_ Outlets: \_\_\_\_\_ Horsepower (motor): \_\_\_\_\_ Estimated cost: \_\_\_\_\_

## ELECTRICAL CONTRACTOR

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Received by: walk in  Fax  e-mail

## MECHANICAL INFORMATION (If Proposed)

**Select All that Apply:** New  Replacement  Repair  Duct Work

# Air Units: \_\_\_\_\_ # Heat Units: \_\_\_\_\_ # Fans/Blowers: \_\_\_\_\_ # Refrigerator units: \_\_\_\_\_

Other, please specify: \_\_\_\_\_ Estimated cost: \_\_\_\_\_

## MECHANICAL CONTRACTOR

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Received by: walk in  Fax  e-mail

## PLUMBING INFORMATION (If Proposed)

**Select All that Apply:**  New  Replacement  Repair  Sewer Line  Water Heater  Gas Yard Line  Gas Test  RPZ

# Lavatories: \_\_\_\_\_ # Commodes: \_\_\_\_\_ # Tubs/Showers: \_\_\_\_\_ # Drinking Fountains: \_\_\_\_\_ # Floor Drains: \_\_\_\_\_ # Water Lines: \_\_\_\_\_

# Grease Traps: \_\_\_\_\_ # Gas Piping Openings: \_\_\_\_\_ # of Heads \_\_\_\_\_

Other, please specify: \_\_\_\_\_ Estimated cost: \_\_\_\_\_

## PLUMBING CONTRACTOR

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## CHECKLIST

Submittal Requirements	New Construction	Remodel Interior	Remodel Exterior	Addition	All Flatwork	Mechanical	Electrical	Plumbing	Irrigation	Fence	Roof	Pool	Accessory Structure	Manufactured Home
Complete Universal Application	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Electronic copy (PDF) of all required materials submitted as hard copies (must be legible)	1													
Hard Copies for all submittals	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Site Plan	✓		✓	✓	✓					✓		✓	✓	✓
Drainage Plan	✓													
RES Check (IECC 2009) www.energycodes.gov	✓			✓										
Fee	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

### APPLICATION AGREEMENT AND SIGNATURE

I hereby acknowledge that I have read this application and state the above is correct and agree to comply with the City of Temple Ordinances and State Laws regulating zoning and building construction. **I certify that I have submitted all required documents as listed in the above checklist chart.** I also certify I am the property owner, or am authorized to act as the property owner's agent in obtaining this permit.

**No work is to be started before the permit application has been approved and you have received a copy of the approved permit.** Office personnel will contact you when the permit application has been approved. **False or incorrect information will be grounds for permit to be revoked or denied.**

**Notice: A Certificate of Occupancy must be issued before any building is occupied.**

**By signing this application, staff is granted access to your property to perform work related to your case.**

SIGNATURE:

\_\_\_\_\_

(Letter of authorization required if signature is other than property owner)

PRINTED NAME:

\_\_\_\_\_

(Letter of authorization required if signature is other than property owner)

For Department Use Only

Permit #: \_\_\_\_\_

Total Fee(s): \_\_\_\_\_

Fee Credit: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Accepted Date: \_\_\_\_\_

Certify Application complete: \_\_\_\_\_