



**RESIDENTIAL BUILDING PERMIT APPLICATION**

\$10.00 base insurance fee

**1. PROPERTY INFORMATION**

Project Address \_\_\_\_\_ Lot/Block Number \_\_\_\_\_ Subdivision \_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Property Owner Name \_\_\_\_\_ Contact Number \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ Email Address \_\_\_\_\_

**2. PROJECT TYPE**

- New Residential\* .40/sq ft air conditioned area
- Residential Addition / Alteration\* .30/sq ft non-air conditioned area
- Storage/Patio/Outdoor Kitchen\*

\* **PLAN REVIEW FEE IS DUE UPON APPLICATION SUBMITTAL. REVIEW FEE IS ONE-HALF (50%) OF THE PERMIT FEE.**

- |   |       |   |       |
|---|-------|---|-------|
| <input type="checkbox"/> Foundation Repair                | \$50  | <input type="checkbox"/> Re-Roof            | \$50  |
| <input type="checkbox"/> Fence / Wall / Driveway / Paving | \$75  | <input type="checkbox"/> Window Replacement | \$125 |
| <input type="checkbox"/> Siding Repair / Replacement      | \$50  | <input type="checkbox"/> Demolition         | \$50  |
| <input type="checkbox"/> Solar Panels                     | \$125 | <input type="checkbox"/> Move Permit        | \$100 |

**3. PROJECT DETAILS**

**Describe Proposed Work:** \_\_\_\_\_

EXISTING SQ FT	REMODEL SQ FT	BUILDING HEIGHT	NUMBER OF STORIES	% LOT COVERAGE
NEW / ADDING SQ FT Air Conditioned Area	NEW / ADDING SQ FT Non-Air Conditioned Area	LOT SIZE		TOTAL IMPERVIOUS COVER*

\* **NOTICE:** Added impervious cover may be subject to additional fees assessed by the Galveston County Consolidated Drainage District.  
 Only applicable to Galveston County properties.

**4. ADDITIONAL INFORMATION**

CONSTRUCTION TYPE	OCCUPANCY TYPE	FIRE SPRINKLER	PARKING SPACES	TOTAL VALUATION OF WORK
		[ ] YES [ ] NO		
[ ] New Water Meter	[ ] 1" [ ] 1.5"	[ ] 2"	[ ] 3" [ ] 4"	[ ] 6"

## RESIDENTIAL BUILDING PERMIT APPLICATION – cont.

**5. CONTRACTOR INFORMATION** For homeowner permits, please write “homeowner or self”. Mechanical work may only be performed by a licensed contractor. Proof of homestead exemption is required for owners to perform electrical / plumbing work.

Business Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

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

### SUBMITTAL REQUIREMENTS

- (2) Sets of Detailed Plans: maximum size 24” x 36”
- (2) Site Plans showing all building lines, easements, pipelines, distance to property lines
- Original engineer stamp required, where applicable (no copies)
- All properties within the city limits of Friendswood must meet Inland II windstorm requirements
- **IMPORTANT:** Separate permits are required for Mechanical, Electrical, and Plumbing/Gas. **MEP Applications are due with this building permit application.** Incomplete permit packages will not be accepted.

**6. 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 WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.**

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Printed Name (\_\_\_\_\_) \_\_\_\_\_  
Applicant Contact Number

\_\_\_\_\_  
Email Address **EMAIL IS PRIMARY CONTACT FOR CORRESPONDENCE**

### Office Use Only

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Accepted By _____</td> <td style="width: 50%;">Date _____</td> </tr> <tr> <td>Planning _____</td> <td>Date _____</td> </tr> <tr> <td>Zone _____</td> <td>Use _____</td> </tr> <tr> <td>CFM _____</td> <td>Date _____</td> </tr> <tr> <td>Zone:      A    AE    AO    SX    UNX    FW</td> <td></td> </tr> </table>	Accepted By _____	Date _____	Planning _____	Date _____	Zone _____	Use _____	CFM _____	Date _____	Zone:      A    AE    AO    SX    UNX    FW		<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">PERMIT NO. _____</td> </tr> <tr> <td>Imp Cover _____</td> <td>Date _____</td> </tr> <tr> <td>Plans Examiner _____</td> <td>Date _____</td> </tr> <tr> <td>Fire Marshal _____</td> <td>Date _____</td> </tr> <tr> <td>Occupant Load _____</td> <td></td> </tr> </table>	PERMIT NO. _____		Imp Cover _____	Date _____	Plans Examiner _____	Date _____	Fire Marshal _____	Date _____	Occupant Load _____	
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