

CITY OF UHLAND

BUILDING PERMIT APPLICATION

15 North Old Spanish Trail • Uhlund, Texas 78640 • (512) 398-7399 • Email city@uhlandtx.us

PROJECT INFORMATION					
Please Print					
BUILDING PERMIT NUMBER: <i>(Office use only)</i>			APPLICATION DATE:		
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> INDUSTRIAL	
<input type="checkbox"/> ADDITION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> FINISH OUT <input type="checkbox"/> MOVE <input type="checkbox"/> NEW <input type="checkbox"/> REMODEL <input type="checkbox"/> REPAIR					
<input type="checkbox"/> ACCESSORY BLDG		<input type="checkbox"/> CONST. TRAILER		<input type="checkbox"/> PATIO COVER	
<input type="checkbox"/> CERTIFICATE OF OCCUPANCY		<input type="checkbox"/> DECK		<input type="checkbox"/> SHELL BLDG	
<input type="checkbox"/> COMPLETE BLDG		<input type="checkbox"/> MANUFACTURE HOME		<input type="checkbox"/> SWIMMING POOL	
<input type="checkbox"/> OTHER , SPECIFY: _____					
Brief Description of Proposed Work:					
Commercial Project Name:			Site Address:		Zoning:
Subdivision:		Block:	Lot:	Plat Date:	Section:
Applicant Name:		Phone: _____		Email: _____	
Applicant Address:		City/State: _____ Zip: _____		Owner Name: _____	
CONTRACTOR INFORMATION					
General:		Phone: () _____		Print Name Clearly: _____	
Street Address:		City: State: Zip:		Signature: _____	
Electrical:		Phone: () _____		Print Name Clearly: _____	
Street Address:		City: State: Zip:		Signature: _____	
Plumbing:		Phone: () _____		Print Name Clearly: _____	
Address:		City: State: Zip:		Signature: _____	
Mechanical:		Phone: () _____		Print Name Clearly: _____	
Street Address:		City: State: Zip:		Signature: _____	

CERTIFICATION:

I CERTIFY THAT ALL STATEMENTS MADE HEREIN OR ELSEWHERE IN CONNECTION WITH THIS PERMIT ARE TRUE AND CORRECT. I ALSO UNDERSTAND THAT ANY PERSON WHO KNOWINGLY OR WILLFULLY FALSIFIES A PERMIT APPLICATION OR RECEIVED A PERMIT THROUGH WILLFUL OMISSION OR DECEPTION MAY BE SUBJECT TO FINES.

Applicant Signature: _____ Date: _____

REQUIRED COMMERCIAL INFORMATION (Check as applicable)	
Residential: <input type="checkbox"/> SF-1 <input type="checkbox"/> SF-2 <input type="checkbox"/> SF-3 <input type="checkbox"/> MHSF <input type="checkbox"/> MH-2 <input type="checkbox"/> MH-3 <input type="checkbox"/> MF-1 <input type="checkbox"/> MF-2	Commercial: <input type="checkbox"/> LR <input type="checkbox"/> GB <input type="checkbox"/> LI <input type="checkbox"/> HI
<input type="checkbox"/> Planned Development District	<input type="checkbox"/> OSSF <input type="checkbox"/> Wastewater

Occupancy Load:	Fire Sprinkled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contractor Registration #:	
Use Description (Example: Residence, Day Care, Physician, Restaurant, Church, Bank, Hotel, etc.)			
Describe:			
CONSTRUCTION TYPE (Check as applicable)			
<input type="checkbox"/> IA <input type="checkbox"/> IB	<input type="checkbox"/> IIA <input type="checkbox"/> IIB	<input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV	<input type="checkbox"/> VA <input type="checkbox"/> VB

REQUIRED INFORMATION FOR ALL PERMIT TYPES		
Project Value: \$	Heated/Cooled Sq. Ft.:	Total Sq. Ft.:
Does the lot/site lie within a current designated FEMA flood hazard area? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, fill out a Floodplain Development Application)		
<input type="checkbox"/> I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished. <input type="checkbox"/> Does not apply		
Applicant Signature: _____		Date: _____

NOTICE

Three (3) copies of construction plans and specifications must be submitted by the Applicant. Work may not start until a permit has been issued pursuant to approval of this application. Permits so issued shall not be construed as authority to alter or set aside any building code requirement, nor shall such issuance of a permit prevent the Building Official from thereafter requiring correction of errors in plans or in construction, or of violations of building codes or zoning ordinance. Permits shall become invalid if work is not commenced within six (6) months after issuance, or work authorized by such permit is suspended or abandoned for a period of six (6) months or longer after work has commenced. All Construction must be completed with one (1) year from issuance of permit.

Inspections are to be requested as needed during work. A final inspection must be done, and a certificate of occupancy issued before a building or structure is occupied. (Jimmy McClintock or cityinspections@uhlandtx.us)
Jimmy McClintock 512-914-6619

Please check your deed restrictions and Homeowners Association requirements before building, as they are not regulated by the City.

Signature of Contractor or Authorized agent:	Date:
Signature of Owner:	Date:
Signature of Builder:	Date:

IN-OFFICE USE ONLY			
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	By:	Date:
Permit#			
Valuation:			
Fee Amount:		Cash or Check	
Comments:			

