

RESIDENTIAL BUILDING CHECKLIST

RETURN WITH BUILDING PERMIT APPLICATION

***INCOMPLETE CHECKLIST WILL NOT BE REVIEWED FOR APPROVAL ***

PERMIT APPLICATION FOR _____

OWNER'S NAME _____ (JOB ADDRESS) BUILDING PERMIT# _____

TYPE: (Check one) ☐ SINGLE FAMILY ☐ MULTI-FAMILY ☐ ACCESSORY DWELLING UNIT

Please print clearly and fill in all that apply.

Failure to complete all required information will cause a delay in the approval of this permit.

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| BUILDING AREA: Sq. Ft. _____ | BUILDING HEIGHT: _____ Ft. | STORIES: _____ |
| LOT SIZE: _____ Sq. Ft. | LOT DIMENSION: (Front/Side/Rear) _____ | |
| SETBACKS: Front: _____ | Rear: _____ | Left Side: _____ Right Side: _____ |
| NUMBER OF BEDROOMS: _____ | NUMBER OF BATHROOMS: _____ | TOTAL NUMBER OF ROOMS: _____ |
| TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> City <input type="checkbox"/> Septic Septic Tank Permit # _____ Installer _____ | | |
| WATER: <input type="checkbox"/> City <input type="checkbox"/> Well Well Permit # _____ Installer _____ | | |
| EASEMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO. _____ Is property located in wetlands or floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO. No building permit may be issued if in a flood plain without approval. | | |

The following checklist identifies the minimum requirements for acceptance of an application for a building permit. Should any of the following items not be provided, the application will not be reviewed for approval.

APPLICANT: PLEASE MARK WITH AN "X" EACH BOX UNDER THE APPLICANT HEADING TO CONFIRM THAT THE MATERIAL IS INCLUDED IN YOUR SUBMITTAL. WRITE "NA" IF NOT APPLICABLE TO PROJECT. THE CITY OFFICIAL WILL REVIEW EACH BOX TO CONFIRM THAT EACH ITEM HAS BEEN RECEIVED. PLEASE SUBMIT THE NUMBER OF COPIES INDICATED FOR EACH ITEM REQUESTED.

| Applicant | | Staff |
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| <input type="checkbox"/> | A COMPLETED BUILDING PERMIT APPLICATION FORM WHICH INCLUDES ELECTRICAL, PLUMBING, & MECHANICAL PERMITS; | <input type="checkbox"/> |
| <input type="checkbox"/> | THE PLAN REVIEW FEE; | <input type="checkbox"/> |
| <input type="checkbox"/> | 750 SQUARE FEET MINIMUM LIVING AREA ACCESSORY UNIT 300 SQ. FT. MIN. AND 600SQ. FT. MAX. | <input type="checkbox"/> |
| <input type="checkbox"/> | PROPERTY BOUNDARIES STAKED AND FLAGGED; | <input type="checkbox"/> |
| <input type="checkbox"/> | PROPOSED EXTERIOR DIMENSIONS OF THE PROJECT ARE STAKED AND STRING LINED WHERE THE STRUCTURE WILL BE LOCATED; | <input type="checkbox"/> |
| <input type="checkbox"/> | 911 ADDRESS POSTED ON THE SITE (4" MIN. LETTERS) AND VISIBLE FROM CITY STREET; | <input type="checkbox"/> |
| <input type="checkbox"/> | CULVERT PERMIT (IF APPLICABLE); | <input type="checkbox"/> |
| <input type="checkbox"/> | TOILET FACILITIES ON-SITE, FOR CONSTRUCTION WORKERS; | <input type="checkbox"/> |
| <input type="checkbox"/> | WATER METER. IF NOT WITHIN 200 FEET OF CITY WATER LINE, A WATER WELL PERMIT IS REQUIRED; | <input type="checkbox"/> |
| <input type="checkbox"/> | SEWER CONNECT. IF NOT WITHIN 200 FEET OF CITY SEWER LINE, A PERMIT IS REQUIRED FROM THE REFUGIO COUNTY COURTHOUSE FOR SEPTIC TANK; | <input type="checkbox"/> |

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| CONSTRUCTION PLANS. TWO (2) SETS OF BUILDING PLANS, DRAWN TO SCALE. RESIDENTIAL PLANS FOR ANY BUILDING TWO STORIES AND OVER AND/OR ALL STRUCTURES OVER 3,500 SQUARE FEET REQUIRE ALL STRUCTURAL DRAWINGS AND DETAILS TO BE SEALED, SIGNED, AND DESIGNED BY A STATE OF TEXAS REGISTERED ENGINEER OR ARCHITECT (EXCEPT FOR PRE-ENGINEERED SYSTEMS) STATING COMPLIANCE WITH THE CITY BUILDING CODE. THE SEAL AND SIGNATURE MUST BE ORIGINAL ON ALL SETS. | | |
| Applicant | CONSTRUCTION PLAN (DRAWING) MUST INCLUDE: | Staff |
| <input type="checkbox"/> | TITLE BLOCK WITH NAME, ADDRESS AND PHONE NUMBER OF PERSON OR FIRM PRIMARILY RESPONSIBLE FOR DRAWING AND PROJECT NAME; | <input type="checkbox"/> |
| <input type="checkbox"/> | SITE PLAN. THE SITE PLAN MUST BE DRAWN TO SCALE ON A MINIMUM 8 1/2" X 11" SIZE PAPER; SITE DRAWINGS ARE PREFERRED TO BE AT A SCALE OF 1" = 20' OR 1" = 30'; | <input type="checkbox"/> |
| <input type="checkbox"/> | FLOOR PLANS. THE FLOOR PLAN MUST BE DRAWN TO SCALE ON A MINIMUM SHEET SIZE 18X18", 18X24", 24X36"; FLOOR PLANS ARE PREFERRED TO BE AT A SCALE OF 1/4" = 1'; | <input type="checkbox"/> |
| <input type="checkbox"/> | ELEVATIONS. THE ELEVATION PLANS MUST BE DRAWN TO SCALE ON A MINIMUM SHEET SIZE 18X18", 18X24", 24X36"; ELEVATIONS ARE PREFERRED TO BE AT A SCALE OF 1/4" = 1'; | <input type="checkbox"/> |

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| SITE PLAN. SUBMIT TWO (2) COPIES EACH: SHOWING THE PROPOSED AND EXISTING STRUCTURES IN THE PLAN VIEW INDICATING: | | |
| Applicant | | Staff |
| <input type="checkbox"/> | EXISTING STREETS, STREET RIGHT OF WAYS, AND ALLEYS SURROUNDING THE PROPERTY; | <input type="checkbox"/> |
| <input type="checkbox"/> | ASSESSOR'S PARCEL NUMBER; | <input type="checkbox"/> |
| <input type="checkbox"/> | NORTH ARROW AND THE SCALE USED; | <input type="checkbox"/> |
| <input type="checkbox"/> | SETBACKS: SHOW FRONT, SIDE, REAR, AND SIGHT TRIANGLE SETBACKS ON CORNER LOTS (IF APPLICABLE). DESIGNATE WHICH ARE THE FRONT, SIDE AND REAR PROPERTY LINES; | <input type="checkbox"/> |
| <input type="checkbox"/> | LABEL AND DIMENSION REQUIRED AND PROPOSED FRONT, SIDE AND REAR YARDS; | <input type="checkbox"/> |
| <input type="checkbox"/> | PROPERTY LINES, DIMENSIONS OF THE LOT/LOTS AND SQUARE FOOTAGE OF LOT/LOTS; | <input type="checkbox"/> |
| <input type="checkbox"/> | SQUARE FOOTAGE OF TOTAL BUILDING; | <input type="checkbox"/> |
| <input type="checkbox"/> | STRUCTURES: SHOW ALL STRUCTURES, THEIR DIMENSIONS AND FLOOR AREA, LABEL WHETHER EXISTING OR PROPOSED, LABEL THEIR USES; | <input type="checkbox"/> |
| <input type="checkbox"/> | DISTANCES FROM THE PROPOSED STRUCTURE TO THE PROPERTY LINES AND OTHER BUILDINGS ON SITE; | <input type="checkbox"/> |
| <input type="checkbox"/> | DRIVEWAYS AND PARKING: LABEL AND SHOW LOCATION OF ON-SITE PARKING AND DRIVEWAYS; | <input type="checkbox"/> |
| <input type="checkbox"/> | LOCATION OF EXISTING AND PROPOSED EASEMENTS (IF APPLICABLE); | <input type="checkbox"/> |
| <input type="checkbox"/> | LOCATION OF WATER METER AND SEWER CONNECT OR WATER WELL LOCATION AND SEPTIC TANK, DRAINFIELD OR SEWER LINES. | <input type="checkbox"/> |

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| FLOOR PLANS. SUBMIT TWO (2) COPIES EACH. FLOOR PLAN (DRAWING) MUST INCLUDE: | | |
| Applicant | | Staff |
| <input type="checkbox"/> | SQUARE FOOTAGE FOR EACH FLOOR, INCLUDING DECKS, PORCHES AND GARAGES. | <input type="checkbox"/> |
| <input type="checkbox"/> | FLOOR LAYOUT: SHOW ARRANGEMENTS OF WALLS; NOTE PROPOSED USE AND DIMENSIONS OF ALL ROOMS; SHOW STAIRS, HALLWAYS, RESTROOMS, AND DECKS; | <input type="checkbox"/> |
| <input type="checkbox"/> | WINDOWS AND DOORS: SHOW LOCATION AND DIMENSIONS OF ALL WINDOWS AND DOORS, AND INDICATE OPENING DIRECTION AND SIZE. | <input type="checkbox"/> |

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| ELEVATION PLANS. ELEVATION PLAN (DRAWING) MUST INCLUDE: | | |
| Applicant | | Staff |
| <input type="checkbox"/> | SHOW ELEVATIONS: INCLUDE FRONT, REAR, LEFT, AND RIGHT ELEVATIONS. SHOW MAXIMUM BUILDING HEIGHT; | <input type="checkbox"/> |
| <input type="checkbox"/> | ROOF: SHOW ROOF OVERHANGS AND INDICATE PITCH OF ROOF; | <input type="checkbox"/> |
| <input type="checkbox"/> | OPENINGS: SHOW DOORS AND WINDOWS. | <input type="checkbox"/> |

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| General Contractor (IF APPLICABLE) | NAME | PHONE # |
| | ADDRESS | CITY ST |
| | STATE LICENSE # | |
| Architect (IF APPLICABLE) | NAME | PHONE # |
| | ADDRESS | CITY ST |
| | STATE LICENSE # | |
| Engineers (IF APPLICABLE) | NAME | PHONE # |
| | ADDRESS | CITY ST |
| | STATE LICENSE # | |
| Electrical (IF APPLICABLE) | NAME | PHONE # |
| | ADDRESS | CITY ST |
| | STATE LICENSE # | |
| Plumber (IF APPLICABLE) | NAME | PHONE # |
| | ADDRESS | CITY ST |
| | STATE LICENSE # | |
| Mechanical HVAC (IF APPLICABLE) | NAME | PHONE # |
| | ADDRESS | CITY ST |
| | STATE LICENSE # | |

It is understood and agreed by the undersigned owner or agent and contractor (if applicable) that the approval of this application does not constitute a privilege to violate the building code, zoning ordinance, or other ordinances of the Town of Bayside, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or any alteration or change from this application without the approval of the city official shall constitute ground for the revocation of any permit issued which was based on the approval of this application. The owner will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations that may occur with or without his knowledge. The owner shall be allowed to request a certificate of occupancy when all inspections have been approved.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Owner/Agent: _____ Date: _____

Contractor: (if other than the homeowner) _____ Date: _____

*** HOMEOWNER CLAUSE: AS THE HOMEOWNER, YOU HAVE THE OPPORTUNITY TO BE YOUR OWN CONTRACTOR PROVIDED THE FOLLOWING CONDITIONS ARE TRUE: (1) YOU ARE THE PROPERTY OWNER; (2) THE CONSTRUCTION WILL BE INSPECTED PRIOR TO COVERING, I.E., INSULATION, DRYWALL, ETC., AND UPON COMPLETION OF THE CONSTRUCTION PRIOR TO OCCUPANCY AND PERMANENT UTILITIES; (3) ALL CONSTRUCTION WORK WILL BE DONE IN ACCORDANCE WITH THE TOWN OF BAYSIDE RESIDENTIAL BUILDING CODE.**

HOMEOWNER AFFIDAVIT: I HEREBY CERTIFY THAT THE CONSTRUCTION WORK DESCRIBED ON THIS PERMIT SHALL BE CONSTRUCTED BY MYSELF. ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE TOWN OF BAYSIDE RESIDENTIAL BUILDING CODE AND SHALL NOT BE ENCLOSED, COVERED UP, OR PUT INTO OPERATION UNTIL IT HAS BEEN INSPECTED AND APPROVED BY THE BUILDING INSPECTOR. I WILL COOPERATE WITH THE BUILDING INSPECTOR AND ASSUME ALL RESPONSIBILITY TO ARRANGE FOR ALL NECESSARY INSPECTIONS AND CORRECTIONS REQUIRED.

Owner Signature _____

Date _____

*****OFFICE USE ONLY*****

CHECKLIST: ☐ APPROVED ☐ DENIED

City Official Signature _____

Date _____

City Official Signature _____

Date _____