APPLICATION FOR RESIDENTIAL PLAN REVIEW AND BUILDING PERMIT

*SUBMIT THIS APPLICATION WITH TWO - (2) SETS EACH OF: PLOT PLAN, BUILDING PLAN AND SPECIFICATIONS TO THE PERMIT COUNTER AT CITY HALL.

Did you remember to include:
Sewer Service Application?
Water Service Application?

<u>*ALLOW A MINIMUM OF FIVE (5) WORKING DAYS.</u>

Date:_____ Time:_____ Application # _____	**LOCATION:** Address:_____ **Floodplain YES NO** **500yr_____ 100yr_____ Floodway_____** **Base Flood Elevation attached YES NO**	Zoning District:_____ Subdivision:_____ Lt:_____ Blk.:_____ Lt. Size:_____	**OWNERSHIP:** Private [ ] Public [ ]

TYPE OF IMPROVEMENT:

a. NEW BUILDING [_]
b. ADDITION [_]
c. ALTERATION [_]
d. REPAIRS [_]
e. DEMOLITION [_]
f. MOVING [_]
g. FOUNDATION [_]
h. SWIMMING POOLS [_]
i. FLAT WORK [_]

COST OF IMPROVMENT:

BUILDING ONLY _____
ELECTRIC _____
PLUMBING _____
HEATING & A/C _____
GAS _____
OTHER _____
TOTAL COST _____

DESCRIPTION OF CONSTRUCTION:_____
_____

Office Use Only

New Residential Building & Mobile Homes
101 [] One Family house detached
102 [] One Family house attached
103 [] Two Family building
112 [] Manufactured home

New Non-Residential Building
328 [] Other non-residential buildings **(sheds)**
329 [] Structures other than buildings **(flatwork/pools)**

Additions & Alterations
433 [] Increase in number of housing units **(Accessory use Maids-Quarters, In-Law residences)**
434 [] No change in number of housing units **(porches, room-additions, insulation, windows)**
435 [] Decrease in the number of housing units
437 [] All other building/structures **(foundations/roofing)**
438 [] **Residential garages/carports**

Demolition & Razing of Building
645 [] One family attached/detached
646 [] Two family building
649 [] All other building/structures

AREA IN USE

First Story: Sq. Ft.(_____) Second Story: Sq. Ft.(_____) Total Sq. Feet in Living Area: Sq. Ft.(_____)

Attached Garage [ ] Sq. Ft.(_____) Separate Garage [ ] Sq. Ft.(_____)

Carport [ ] Storeroom [ ] Washroom [ ] Fire Place [ ]

Foundation: Concrete[ ] Wood [ ] **Roof**: Metal [ ] Asphalt Shingles [ ] BUR [ ] Other [ ] **Floors:** Concrete [ ] Wood [ ]

Exterior Walls: Masonry [ ] Wood [ ] Other[ ] **Interior Walls:** Masonry [ ] Wood [ ] Sheetrock [ ] Other[ ]

ENERGY COMPLIANCE

Year of code (_____) IECC - Percentage better than code is (_____) PROVIDE THE RES-CHECK FORM
FOR NEW HOMES OR ADDTIONS ONLY

REQUIRED PLAN REVIEW – If all items required are not submitted, the permit is denied.
INITIAL AND DATE PLEASE

2 FULL SETS OF SITE PLANS WITH LOCATIONS OF ALL STRUCTURES ON SITE, MEASURED DISTANCES FROM PROPERTY LINES, ALL UTILITY EASEMENTS AND SERVICES, DRIVEWAYS AND SIDEWALKS. (_____)

2 FULL SETS OF BUILDING PLANS WITH FLOOR LAYOUTS, FRAMING - TALL WALL, WIND BRACING ENGINEERED MEMBERS AND FOUNDATION, PLUMBING, ELECTRIC, AND MECHANCIAL DETAILS –*FENCES ARE NOT PART OF THIS APPLICATOIN AND ARE PERMITTED SEPARATELY* .....(_____)

APPLICATIONS FOR: INITIAL AND DATE PLEASE

WATER SERVICE (_____) **IRRIGATION SERVICE (_____)**
SEWER SERVICE (_____) **SEPTIC TANK PLAN (_____)**

	NAME	ADDRESS	PHONE NUMBER
PROPERTY OWNER			
CONTRACTOR			
ARCHITECT/ENGINEER			
ELECTRIC			
PLUMBER			
HVAC			

***SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING AND HVAC. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR COMPLETED WITHIN 365 DAYS AFTER ISSUANCE OF THE PERMIT . I hereby certify that I have read and examined this application and know the same to be true and correct. Provisions of the International Building Code as well as all laws and ordinances covering this type of work will be completed within the specified time. The Granting of a permit does not presume to give authority to violate or cancel the provisions of any City, State or Local Law regulating construction or performance of said construction.**

If this is a HOMESTEAD by definition of the Bexar County Appraisal District, a Converse General or Home Building Contractor's License is not required. _____ (print name) I certify this is my legal homestead and it is registered with the Bexar County Appraisal District as my primary home.

APPLICANT SIGNATURE:_____ DATE:_____

↓DO NOT WRITE BELOW LINE – OFFICE USE ONLY↓

SPECIAL APPROVALS	REQUIRED	NOT REQUIRED	APPROVED	APPROVED BY
Building Inspections				
Mechanical				
Electric				
Sewer				
Water				
Health-Dept/Septic Tank				
Fire Alarms				
Fencing – Separate Permit				
Off Street Parking <7%				
Fire Marshal				
Fire Sprinkler				
Utilities				
Zoning				
Floodway - 100yr- 500yr				

APPLICATION NUMBER# _____
PLAN CHECK FEE (1/2 of permit in addition to) _____
BUILDING PERMIT FEE _____
APPROVED BY _____

***CONVERSE MUNICIPAL ORDINANCE CHAPTER 8, ARTICLE III. BUILDING CODE, SECTION 8-103 SCHEDULE OF PERMIT FEES (k) NON-COMPLIANCE FEE*- WHERE WORK FOR WHICH A PERMIT IS REQUIRED IS STARTED OR PROCEEDED PRIOR TO OBTAINING SAID PERMIT, A FEE OF $200.00 PLUS THE FEES HEREIN SPECIFIED SHALL BE DOUBLED... A FEE OF $150.00 SHALL BE ASSESSED FOR PROCEEDING WITH ANY WORK WITHOUT HAVING AN APPROVED INPSPECTION AT THE REQUIRED STAGE OF CONSTRUCTION. A FEE OF $50.00 WILL BE ASSESSED FOR FAILURE TO SCHEDULE A FINAL INSPECTION WITHIN (5)- FIVE DAYS AFTER COMPLETING THE WORK DESCRIBED BY A PERMIT Chapter 8, Article 1, Section 8.2 Penalty may still be invoked at the discretion of the City of Converse with an a fine of not less than $200.00 or more than $2,000.00**

I HAVE READ AND WILL COMPLY WITH THE WRITTEN NOTES ON MY APPROVED SET OF PLANS PROVIDED WITH MY COPY OF THE BUILDING PERMIT:
APPLICANT SIGNATURE:_____ **DATE:**_____

SITE OR PLOT PLAN – For applicant use (if plan is not included in building plan)