



Pharr
Development Services
BUILDING PERMIT APPLICATION

Project Address: _____
 Legal Desc.: _____
 Owner's Name: _____
 Owner's Address: _____
 General Contractor: _____ Phone No.: _____
 Address: _____ Fax No.: _____

New () Addition () Repair or Remodel () Move () Remove () Demolish () Fence () Other ()

Work Description: _____

COMMERCIAL

Building Height: _____
 Building Sq. Ft.: _____
 Lot Legal Desc.: _____
 Lot Dimensions: _____
 Existing Use of Lot: _____
 Proposed Use of Lot: _____
 Improvement(s) Value: _____

RESIDENTIAL

Linear Ft: _____
 Sq. Ft. – Living: _____ Patio Sq. Ft.: _____
 Sq. Ft. – Garage: _____ Driveway Sq. Ft. _____
 # of Units: _____
 Automatic Landscaping Sprinkler System: Yes () No ()
 Improvement(s) Value: _____

**BUILDING INSPECTION
OFFICE USE**

PERMIT #: _____
 PERMIT FEE: _____ PLAN REVIEW FEE: : _____ SUBSEQUENT FEE: _____
 REC'D by: _____ DATE: _____ TIME: _____
 APPROVAL FOR ISSUANCE: _____

EABPRJ#:: _____ Fire Protection:: _____
 ASBESTOS SURVEY: _____ YES _____ NO _____
 FOUNDATION: concrete slab _____
 wood floor & concrete pier/block _____
 Other _____
 EXTERIOR WALL: masonry veneer _____ ROOF: wood shingles _____
 masonry block _____ composition _____
 tilt wall _____ metal _____
 wood _____ other _____
 Other _____
 RESCHECK _____ COMCHECK _____
 APPROVE: _____ DISAPPROVE: _____
 _____ BUILDING OFFICIAL _____ Date

FIRE DEPARTMENT

_____ 1. Exit doors to swing with way of travel (out). _____ 7. Hood and kitchen equipment must meet _____
 NFPA 96 requirements.
 _____ 2. Emergency exit lights required as noted. _____ 8. Occupancy load required: # _____
 _____ 3. Provide fire extinguishers: _____ or greater _____ 9. Fire lane required (see notes on site plan).
 _____ 4. Smoke detectors required: _____ _____ 10. No. of additional fire hydrants required: # _____
 _____ 5. Fire alarm system required: *Company* _____ _____ 11. Other (see attached sheet).
 _____ 6. Fire sprinkler system required: *Company* _____
 APPROVE: _____ DISAPPROVE: _____
 _____ FIRE OFFICIAL _____ Date

PUBLIC UTILITIES DEPARTMENT

- _____ 1. Need site plan showing all existing and proposed utilities.
- _____ 2. Services to be marked on curb.
- _____ 3. Water will be tapped on at: _____
- _____ 4. Sewer will be tapped on at: _____
- _____ 5. Project complies with water and wastewater master plan? () Yes () No
If "NO", recommendation: _____
- _____ 6. Other (see attached sheet.

APPROVE: _____ DISAPPROVE: _____
_____ PUBLIC UTILITIES OFFICIAL Date

PUBLIC WORKS DEPARTMENT

Public Works needs a copy of the following items (if applicable):

- _____ Site Plan
- _____ Drainage Plan
- _____ Approved Discharge permit from TxDOT
- _____ Erosion and Sedimentation Plan
- _____ SWPPP
- _____ NOI & Approved General Permit with number
- _____ Approved TxDOT Driveway permit.

RECEIVED BY: _____ DATE RECEIVED: _____

P L A N N I N G D E P A R T M E N T

| | | | | | | | |
|-----|---------------------------|-----|----|------|--|-----|----|
| 1. | Property Subdivided? | YES | NO | 7. | Conditional Use permit required? | YES | NO |
| 2. | If "NO", is it required? | | | 8. | Meets setbacks as per plat and zoning? | | |
| 3. | Existing zoning district? | | | 9. | Screen/Buffer fence required? | | |
| 4. | Is re-zoning required? | | | 10. | Dumpster pad and enclosure required? | | |
| 5. | Parking area adequate? | | | 11. | Sign plans submitted? | | |
| 6. | Landscape plan provided? | | | 11-A | Is it adequate? | | |
| 6-A | Is it adequate? | | | 12. | Other (see attached list) | | |

APPROVE: _____ DISAPPROVE: _____
_____ PLANNING OFFICIAL Date

E N G I N E E R I N G D E P A R T M E N T

- | | | | |
|-------|-------|-------|---|
| Yes | No | N/A | |
| _____ | _____ | _____ | Is it a recorded plat? |
| _____ | _____ | _____ | Site Plan? <i>Must be signed & sealed by a Texas Registered Professional Engineer.</i> |
| _____ | _____ | _____ | Drainage report/calculations? <i>Must be signed & sealed by a Texas Registered Professional Engineer.</i> |
| _____ | _____ | _____ | Drainage Plan? <i>Must be signed & sealed by a Texas Registered Professional Engineer.</i> |
| _____ | _____ | _____ | Approved Drainage discharge permit? () TxDOT () County |
| _____ | _____ | _____ | Erosion & Sedimentation Plan? |
| _____ | _____ | _____ | SWPPP & Site Notice required? |
| _____ | _____ | _____ | Submittal of NOI to TCEQ required & approved general permit with number? |
| _____ | _____ | _____ | Sidewalks and ADA compliant landings & ramps. |
| _____ | _____ | _____ | Curb Cut/Driveway permit granted by () Local () TxDOT |

Additional Comments: _____

APPROVE: _____ DISAPPROVE: _____
_____ CITY ENGINEER Date

The following is a true and correct description of the improvement(s) proposed by the undersigned applicant. Alterations, changes or deviations from the plans authorized by this permit are unlawful without written authorization. The applicant hereby agrees to comply with all City Ordinances, Code Subdivision Regulations, Restrictions, and State laws and assumes all responsibility for such compliance. It is understood that the improvement(s) shall not be occupied until a Certificate of Occupancy has been issued. I understand that the City of Pharr does not enforce any private restriction, covenant, rule, or regulation that may be imposed. Construction shall be commenced within six (6) months after its issuance. If permit becomes invalid for any reason, no refunds will be issued. This permit is good for one (1) year only. If construction exceeds one (1) year, re-application will be required

Printed Name _____ Signature _____ Date _____