

City of Saginaw  
 Permit Department  
 301 S. Saginaw Blvd.  
 Bus: 817-230-0453 Fax: 817-232-8565  
 E-mail: permits@saginawtx.org



City of Saginaw

Permit Date: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Total Fee: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

## Residential New Construction Permit Application

**Permit Address:**

Lot:	Block:	Addition:	Zoning:
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### Property Owner Information

**Name:**

**Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Phone:</b>	<b>E-mail:</b>
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### Permit Information

**Construction Value** (Including: electrical, mechanical & plumbing):

**Sqaure Footage of Building** (total gross floor area):

**Site Plan** (Due with application):

**Construction Plans** (Due with application):

### Describe All Work

### Permit Check List

Completed Application	Yes	No	Frame Plan (roof, floor, header, span chart, ceiling, etc.)	Yes	No
	Plot Plan	Yes		No	Truss Layout (full size, two story)
Soil Report for Foundation	Yes	No	Energy Report	Yes	No (If applicable)
Foundation Plan	Yes	No	Electrical, Mechanical Plumbing, and Gas	Yes	No (If applicable)
Shear Wall Detail	Yes	No	Building Plans (elevation, exterior finish percentages, living space, and garage square foot)	Yes	No

## Contractor Information

**All Contractors must be registered with the City of Saginaw, be validated on the permit, and hold general liability insurance with the City of Saginaw as a certificate holder prior to the permit being released**

<b>General Contractor Information</b>	Homeowner	Contractor	To be Determined
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Company Name:		
Address:		
City:	State:	Zip:
Phone:	E-mail:	

<b>Electrical Contractor Information</b>	Homeowner	Contractor	To be Determined
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Company Name:		
Address:		
City:	State:	Zip:
Phone:	E-mail:	

<b>Mechanical Contractor Information</b>	Homeowner	Contractor	To be Determined
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Company Name:		
Address:		
City:	State:	Zip:
Phone:	E-mail:	

<b>Plumbing Contractor Information</b>	Homeowner	Contractor	To be Determined
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Company Name:		
Address:		
City:	State:	Zip:
Phone:	E-mail:	

All work must meet currently adopted codes and city ordinances. Inspections must be requested for all permits.

This permit, once issued, expires by limitation 180 days from the date of issuance unless construction is commenced and inspection approval is obtained within 180 days of issuance. The authority having jurisdiction shall be permitted to grant an extension of the permit time period for additional 180 days upon written documentation, by the permittee, of a satisfactory reason for failure to start or complete the work or activity authorized by the permit. Only one extension will be allowed.

**I understand that all permits require phase inspections in addition to a final inspection.**

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 of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

<b>Applicant Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Date:</b>

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**GENERAL CONTRACTOR INFORMATION**

<b>Company Name:</b>
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**\*\*\*FOR OFFICE USE ONLY\*\*\*  
 APPLICATION / PLAN INFORMATION**

<b>Application Accepted By:</b>	<b>Date:</b>
<b>Plans Delivered to Building Department:</b>	<b>Date:</b>

**INSPECTOR PLAN REVIEW Information for PTWin32**

<b>Project Description: (PLAN #)</b>		<b>Construction Type:</b>	
<b>Purpose:</b>	SF Residential	<b>Construction Value:</b>	
<b>Zoning:</b>		<b>Occupancy Load:</b>	
<b># of Buildings:</b>		<b>Living Area:</b>	
<b># of Dwelling Units:</b>		<b>Total Floor Area:</b>	

<b>Comments:</b>
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<b>Inspector Approval:</b>	<b>Date:</b>
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<b>Builder:</b>		<b>WATER METER SIZE:</b>		
<b>Electrical Contractor:</b>		CODE	DESCRIPTION	FEE AMOUNT
<b>Mechanical Contractor:</b>		UBTPW	WATER TAP INSPECTION	
<b>Plumbing Contractor:</b>		UBTPS	SEWER TAP INSPECTION	
<b>BUILDING FEES</b>		ACCFW	FT WORTH ACCESS - WATER	
CODE	DESCRIPTION	FEE AMOUNT	ACCFW	FT WORTH ACCESS - SEWER
PERBL	PERMIT FEE		IFWTR	SAGINAW IMPACT - WATER
PERBL	PLAN REVIEW FEE		IFSWR	SAGINAW IMPACT - SEWER
<b>SUBTOTAL:</b>			<b>SUBTOTAL:</b>	
			<b>Permit Total:</b>	

<b>RECEIPT NUMBER:</b>	<b>AMOUNT:</b>	<b>RECEIPT NUMBER:</b>	<b>AMOUNT:</b>
<b>PAYMENT RECEIVED BY:</b>			<b>DATE:</b>