



City of Saginaw

205 Brenda Lane
P. O. Box 79070
Saginaw, Texas 76179
817-230-0500
Fax 817-232-9868
www.ci.saginaw.tx.us

SEASONAL PERMIT

Snow Cone Stand, Seasonal. Any building used for the sale, dispensing, or serving of snow cone refreshments, ice cream, or beverages that does not exceed one hundred and twenty (120) square feet and only operates between the months of March and October in allowed zoning districts.

1. Seasonal Permits are issued for operation from **March 1 to October 31 ONLY** each year.
2. A current Seasonal Permit Card must be displayed at all times of operation.

HOW TO RECEIVE A SEASONAL PERMIT

1. Submit completed application to the building department with:
 - a. Site plan including location of refreshment stand (120 SF or smaller) and location of restroom to be used (restroom must be within 500 feet of refreshment stand.)
 - b. Copy of property owner agreement.
 - c. Copy of restroom usage agreement.
2. Have electrical addressed (permit pulled for work if needed) **No Generators Allowed**
3. Have plumbing addressed (permit pulled for work if needed)
4. When plan is approved, pay permit fee.
5. Set building and all equipment, in place and call for inspections:
 - a. Building Department: Larry Little 817-230-0500 x 2451 (Green Tag)
 - b. Fire Department: Eddie Wood 817-230-0404 (Pink Sheet)
 - c. Tarrant County Health Department: 817-321-4985
6. Bring all documentation to the building department to receive Seasonal Permit Card.
 - a. Building Department: Green Tag
 - b. Fire Department: Pink Sheet
 - c. Tarrant County Health Department Report

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



Permit Date: _____
 Permit #: _____
 Total Fee: _____
 Receipt #: _____

City of Saginaw

SEASONAL PERMIT APPLICATION

Permit Address:			
Lot:	Block:	Addition:	Zoning:

PROPERTY OWNER INFORMATION

Name:		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

SEASONAL BUSINESS INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Cell:
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:

SEASONAL BUSINESS OWNER INFORMATION

Name:		
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:
Phone:	Email:	

PERMIT INFORMATION

Square Footage (building/suite):		Number of Employees:	
Copy of Business Owner Drivers License:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Tax ID Number:	
Copy of Site Plan:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Building Department Inspection (green tag)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Copy of Property Owner Agreement:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Fire Department Inspection (pink sheet)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Copy of Restroom Usage Agreement:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Health Department Inspection	YES <input type="checkbox"/> NO <input type="checkbox"/>

DOES THIS BUSINESS INVOLVE THE STORAGE, SALE, OR USE OF THE FOLLOWING?

Food Products?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Made On Premise <input type="checkbox"/>	Prepackaged Off Premise <input type="checkbox"/>
Alcoholic Beverages?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Consumed On Premise <input type="checkbox"/>	Consumed Off Premise <input type="checkbox"/>
Drive-Through Window?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

I UNDERSTAND THIS IS A SEASONAL PERMIT ISSUED FROM MARCH 1 TO OCTOBER 31 ONLY.

Applicant Signature:	
Printed Name:	Date:

Application Accepted By:	Date:
Plans Delivered to Building Department: (2 sets)	Date:
E-Mail Environmental Department - Plans to Review:	Date:
E-Mail Fire Department - Pick up Plans for Review:	Date:

PERMIT REQUIREMENTS

Square Footage (building/suite):		Number of Employees:	
Copy of Business Owner Drivers License:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Tax ID Number:	
Copy of Site Plan:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Building Department Inspection (green tag)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Copy of Property Owner Agreement:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Fire Department Inspection (pink sheet)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Copy of Restroom Usage Agreement:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Health Department Inspection	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seasonal Permit Approved			Date:
Seasonal Permit Card Issued to Business			Date: