



Department of Building Safety

509 S.E. 7th Avenue, Rm. 105

Amarillo, TX 79101-2539

Phone 806-378-3041 Fax 806-378-3085 Inspection Line 806-342-1555



Applicant to Complete All Items in Sections I, II, III, IV, V, and VI

Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

I. Project Information

<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> NON-RESIDENTIAL	
PROJECT NAME		PARCEL I.D. / TAX I.D.	
ADDRESS		COUNTY	ZIP CODE

II. Identification

A. Owner or Lessee

NAME		TELEPHONE # (Include Area Code)	CELL PHONE #	
ADDRESS		CITY	STATE	ZIP CODE
E-MAIL ADDRESS			FAX NUMBER	

B. Architect or Engineer

NAME		TELEPHONE # (Include Area Code)	CELL PHONE #	
ADDRESS		CITY	STATE	ZIP CODE
E-MAIL ADDRESS			FAX NUMBER	

C. Contractor

NAME		TELEPHONE # (Include Area Code)	CELL PHONE #	
ADDRESS		CITY	STATE	ZIP CODE
E-MAIL ADDRESS			FAX NUMBER	

III. Type of Improvement and Plan Review

A. Type of Improvement

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> REPAIR / REPLACE | <input type="checkbox"/> ACCESSORY BLDG. | <input type="checkbox"/> MOVING |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> SWIMMING POOL | <input type="checkbox"/> MISC |
| <input type="checkbox"/> ALTERATION | <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> DECK | <input type="checkbox"/> CERTIFICATE OF OCCUPANCY |

B. Review(s) to be performed

- BUILDING
 ELECTRICAL
 PLUMBING
 MECHANICAL
 ENERGY
 FIRE

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.

- ROOFING, SIDING, WINDOWS
 ALTERATIONS AND REPAIR WORK DETERMINED BY THE BUILDING OFFICIAL TO BE OF A MINOR NATURE

Plans and specifications are required for all other building projects.

IV. Proposed Use of Building

A. Residential - Proposed Use

- | | |
|--|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Wood Burning Stove |
| <input type="checkbox"/> Two Family | <input type="checkbox"/> Masonry Fireplace |
| <input type="checkbox"/> Multi-Family (Number of Units _____) | <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning |
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Pre-Fab Fireplace |
| <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Unfinished Basement | <input type="checkbox"/> Modular Home |
| <input type="checkbox"/> Crawl Space / Pier & Beam | <input type="checkbox"/> Mobile Home/Manufactured Home |
| <input type="checkbox"/> Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> # of Bedrooms _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> # of Bathrooms: Full _____ Partial _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Is there a fireplace in a bedroom: Yes No

B. Non-Residential - Proposed Use

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Business |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Hazardous |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Mercantile |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Utility or Miscellaneous | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hazardous material to be stored on site | |

Type of Use _____

Type of Construction _____

IMPERVIOUS SURFACE AREA: _____
(FORMULA: TOTAL AREA OF LOT MINUS TOTAL AREA OF LIVING GROUND COVER)

DESCRIBE PROJECT IN DETAIL : _____

V. Selected Characteristics of Building

A. Principal Type of Frame

- WOOD FRAME MASONRY WALL BEARING STRUCTURAL STEEL REINFORCED CONCRETE OTHER _____

B. Principal Type of Heating

- NATURAL GAS LP GAS ELECTRICITY GEO THERMAL OTHER _____

C. Type of Sewage Disposal

- PUBLIC SEPTIC SYSTEM

D. Type of Water Supply

- PUBLIC PRIVATE WELL OR CISTERN

E. Type of Mechanical

WILL THERE BE AIR CONDITIONING? YES NO WILL THERE BE AN ELEVATOR? YES NO

F. Dimensions

NUMBER OF STORIES _____ FLOOR AREA: TOTAL AREA _____

COST OF CONSTRUCTION _____ 1ST FLOOR _____

2ND FLOOR _____

OTHER FLOOR _____

BASEMENT _____

TEXAS ARCHITECTURAL BARRIERS ACT/EABPRJ # _____
"Required for Commercial projects over \$50,000"

VI. Applicant Information

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

APPLICANT: CONTRACTOR ARCHITECT/ENGINEER HOMEOWNER **(See Homeowner Affidavit)

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF TEXAS AND THE CITY OF AMARILLO. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

DAYTIME PHONE #

PRINTED NAME

ADDRESS

****HOMEOWNER AFFIDAVIT:** I HEREBY CERTIFY THAT THE WORK DESCRIBED ON THIS PERMIT APPLICATION SHALL BE INSTALLED BY MYSELF IN MY OWN HOME IN WHICH IS MY LEGAL RESIDENCE OF RECORD AND I HAVE NOT OBTAINED OR HELD A BUILDING PERMIT WITHIN ANY TWO (2) YEAR PERIOD AS A HOMEOWNER FOR WORK AT (3) DIFFERENT ADDRESSES. ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE CITY OF AMARILLO BUILDING CODE. I WILL COOPERATE WITH THE CITY OF AMARILLO INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR REQUIRED INSPECTIONS.

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Building Safety Reviews

REVIEW(S) PERFORMED

ELECTRICAL _____
INITIALS / DATE

MECHANICAL _____
INITIALS / DATE

PLUMBING _____
INITIALS / DATE

BUILDING REVIEW COMMENTS

ELECTRICAL REVIEW COMMENTS

PLUMBING REVIEW COMMENTS

MECHANICAL REVIEW COMMENTS

Description of Work

STAFF

SAFETY

BUILDING

Plan Review Fee _____

Building Permit Fee _____

Use Group _____

Construction Classification _____

Occupancy Load _____

Approved By: _____

Date _____

Building Safety Dept.

Title _____

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Departmental Reviews		
DEPARTMENT	REQUIRED	APPROVALS
FIRE DEPARTMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED BY: _____ DATE: _____
ENGINEERING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED BY: _____ DATE: _____
FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED BY: _____ DATE: _____
TRAFFIC	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED BY: _____ DATE: _____
PLANNING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED BY: _____ DATE: _____
DAUDS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED BY: _____ DATE: _____
UTILITIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED BY: _____ DATE: _____
ENVIRONMENTAL HEALTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED BY: _____ DATE: _____
TXDOT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED BY: _____ DATE: _____
AIRPORT NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED BY: _____ DATE: _____