



CITY OF BEACH CITY

12723 FM 2354
BEACH CITY, TX. 77523
281.383.3180
1-855-743-0559 Fax
city@beachcitytx.us

IMPROVEMENTS PERMIT APPLICATION

****THIS IS NOT A PERMIT****

A request for additional information may be required otherwise; your permit will be mailed to you in a timely manner.

MAKE CHECKS PAYABLE TO: CITY OF BEACH CITY - WE DO NOT ACCEPT CREDIT CARDS- CASH OR CHECKS ONLY

DATE: _____

CONTRACTOR / APPLICANT: _____ MAILING ADDRESS: _____

PHONE NO: _____ EMAIL: _____

CONSTRUCTION ADDRESS: _____

PROPERTY OWNER: _____ OWNER'S PHONE NO: _____

OWNER'S MAILING ADDRESS: _____ OWNER'S EMAIL: _____

VALIDITY OF PERMIT: The issuance or granting of this permit or approval of plans, specifications, and computations shall not be construed to be a permit for, or an approval of, any violation of any provision of the codes or of any other City ordinance. Any permit presuming to give authority to violate or cancel any provision of the codes or any other City ordinance shall not be valid. The issuance of this permit based on plans, specifications, computations, and other data shall not prevent the Inspector from later requiring the correction of errors in plans, specifications, computations, and other data or from preventing building operations being carried on when in violation of the codes or of any other City ordinance.

THIS PERMIT BECOMES NULL AND VOID IF WORK IS NOT COMMENCED WITHIN SIX (6) MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE (1) YEAR.

SIGNATURE: _____
Owner, Contractor or Authorized Representative

FILL OUT THE INFORMATION BELOW TO THE BEST OF YOUR ABILITY

TYPE OF IMPROVEMENT PERMIT: () POOL () BARN () OUTBUILDING () SHOP () AIRPLANE HANGAR () DRIVEWAY

() OTHER Described as _____

PHYSICAL ADDRESS: _____ SUBDIVISION: _____

LT/TR: _____ PARCEL: _____ SECTION: _____ BLOCK: _____ BEDROOMS: _____ BATHS: _____

AREA (SQ. FT.): _____ FOUNDATION: _____

CONTRACTOR NAME: _____

CONSTRUCTION DETAILS: _____

EXISTING OSSF () YES () NO

OTHER INFORMATION YOU FEEL MAYBE HELPFUL TO THE INSPECTOR: _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HEREBY GIVEN TO THE CITY OF BEACH CITY AND/OR ITS REPRESENTATIVES TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF: LOT EVALUATION, AND/OR INSPECTION OF THE EXISTING ON-SITE SEWAGE FACILITY (OSSF) IN REGARD TO THE INSTALLATION OF THE ABOVE REFERENCED ADDITION TO THE PROPERTY. A PERMIT FOR ANY IMPROVEMENT DETAILED IN THIS DOCUMENT WILL BE GRANTED FOLLOWING SUCCESSFUL INSPECTION OF SAID PROPERTY, DIAGRAMS, ETC. **TO ENSURE THAT ANY LISTED IMPROVEMENTS DO NOT ALTER OR CHANGE THE DYNAMICS OF THE EXISTING OSSF, PER TCEQ REGULATIONS, OR BEACH CITY ORDINANCE REQUIREMENTS.**

INITIALS: _____

***FOR OFFICE USE ONLY* DO NOT WRITE IN THE SPACE BELOW**

PERMIT FEE: **\$225.00** PENALTY FEE: **\$300.00** CITY FEE ONLY: **\$150.00** TOTAL FEES: _____ CASH: _____ CHECK#: _____

DATE: _____

PERMIT NO: _____

CITY OF BEACH CITY SECRETARY or REPRESENTATIVE