



APPLICATION FOR BUILDING PERMIT
CITY OF COLLEGE STATION
 1101 TEXAS AVENUE
 COLLEGE STATION, TX 77840
 (979) 764-3570 (979) 764-3496 FAX
WWW.CSTX.GOV

For Office Use Only

DATE: _____ TRCC REG _____

APPLICATION # _____

TEMP POLE # _____

PROJECT ADDRESS / LOCATION: _____

LOT _____ BLOCK _____ SUBDIVISION _____ SEC/PH _____

BUSINESS/OWNER NAME: _____ PHONE: _____

CONTRACTOR/HOMEOWNER: _____ PHONE: _____

CONTACT PERSON FOR REVIEW COMMENTS: _____ PHONE: _____

FAX: _____ EMAIL: _____

ELECTRICIAN: _____ PLUMBER: _____

HVAC: _____ GOOD CENTS (RESIDENTIAL ONLY): _____

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> NEW CONSTRUCTION * | <input type="checkbox"/> DUPLEX (LANDSCAPE PLANS REQUIRED) | <input type="checkbox"/> ADDITION * |
| <input type="checkbox"/> ACCESSORY/STORAGE * | <input type="checkbox"/> DEMOLITION (ASBESTOS SURVEY REQUIRED) | <input type="checkbox"/> LOCATION |
| <input type="checkbox"/> RETAINING WALL | <input type="checkbox"/> PORTABLE STORAGE (RESIDENTIAL) | <input type="checkbox"/> MOVING |
| <input type="checkbox"/> SWIMMING POOL | <input type="checkbox"/> PORTABLE STORAGE (NON-RESIDENTIAL) | <input type="checkbox"/> SHELL ONLY |
| <input type="checkbox"/> LAWN IRRIGATION | <input type="checkbox"/> REMODEL/RENOVATION (ASBESTOS SURVEY REQUIRED) | <input type="checkbox"/> SLAB ONLY |
| | | <input type="checkbox"/> TENT |

*** NOTE:** SOME HOMEOWNER ASSOCIATIONS REQUIRE ARCHITECTURAL OR DESIGN REVIEW COMMITTEE APPROVAL FOR RESIDENTIAL PROJECTS. THE CITY OF COLLEGE STATION RECOMMENDS CHECKING WITH YOUR HOA (IF APPLICABLE) PRIOR TO BEGINNING CONSTRUCTION.

DESCRIPTION OF WORK: _____

PROPOSED USE OF STRUCTURE (S): _____

TEXAS ACCESSIBILITY STANDARD (TAS) PROJECT REGISTRATION NO. **EABPRJ** _____

VALUATION: \$ _____ TOTAL AREA: _____ HEATED AREA: _____
 (COST OF LABOR AND MATERIALS)

GARAGE TYPE: ~~///~~ SINGLE ~~///////~~ DOUBLE ~~////////~~ TRIPLE ~~///~~ ATTACHED ~~////////~~ DETACHED

- | | |
|---|----------------------------|
| <input type="checkbox"/> PUBLIC SEWER | NUMBER OF UNITS: _____ |
| <input type="checkbox"/> SEPTIC SYSTEM | NUMBER OF BEDROOMS: _____ |
| <input type="checkbox"/> SEWER TAP SIZE _____ | NUMBER OF BATHROOMS: _____ |
| <input type="checkbox"/> WATER TAP SIZE _____ | INTERIOR WALL TYPE: _____ |
| <input type="checkbox"/> OTHER TAP SIZE _____ | EXTERIOR WALL TYPE: _____ |
| <input type="checkbox"/> TEMP POLE | FOUNDATION TYPE: _____ |

COMMERCIAL ONLY: FIRE SPRINKLER SYSTEM: /////// YES //////// NO FIRE ALARM SYSTEM: /// YES //////// NO ÔÛPÛVÛWÛVÛPÁYÛÖÁ ' ' ' ' ' Á
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SIGNATURE OF APPLICANT: _____

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 Official Use Only

Comments: YES or NO

 PLANS EXAMINER

 ZONING OFFICIAL

Energy Code Compliance Information

% Glazing of exterior walls _____

Insulation R value of exterior walls _____

Insulation R value of ceiling 1 (flat areas) _____

Insulation R value of ceiling 2 (vaulted areas/no attic) _____

Glazing SHGC (Solar Heat Gain Coefficient) _____

Glazing U-Factor _____

R value of ductwork _____

A/C SEER Rating _____

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Protection Against Subterranean Termites

- Chemical Termiticide Treatment (Soil Treatment)
- Chemical Termiticide Treatment (Field Applied Wood Treatment)
- Physical Barriers
- Other

*** Verification of Application shall be submitted to the City of College Station Building Division prior to issuance of the Certificate of Occupancy.**