

BUILDING PERMIT APPLICATION
CITY OF SHINER CODE ENFORCEMENT DEPARTMENT
 PO BOX 308, 802 N AVE E, SHINER TX 77984 (361) 594-3362 FAX (361) 594-3566

Job Address:			PERMIT NO.	
Owner	Mail Address	City, State	Zip	Phone
Building Contractor	Mail Address	City, State	Zip	Phone
Plumbing Contractor	Electrical Contractor	Mechanical Contractor		
Use of Building: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential			Floodplain: <input type="checkbox"/> IN <input type="checkbox"/> OUT	

PERMIT FEES

CLASS OF WORK	DESCRIBE WORK	INSPECTION REQUIRED?	VALUE OF WORK	FEE
<input type="checkbox"/> New Construction*		Yes		
<small>*Plans must be submitted for Commercial construction for review prior to construction</small>				
<input type="checkbox"/> Remodel		Yes		
<input type="checkbox"/> Addition		Yes		
<input type="checkbox"/> Driveway/Sidewalk		Yes		N/C
<input type="checkbox"/> Pool/Spa		Yes		
<input type="checkbox"/> Portable Building		Yes		
<input type="checkbox"/> Roof		Yes		
<input type="checkbox"/> Demolition (Commercial - Asbestos Survey Required)		No		\$25.00
<input type="checkbox"/> Other	Porch Fence N/C	Yes		

PERMIT FEE (Value \$0 - \$5,000)	\$25.00
PERMIT FEE (Value \$5,000 - \$25,000)	\$50.00
PERMIT FEE (Value \$25,001 +)	See Chart
PENALTY - Double Permit Fee <i>Work commenced prior to obtaining permit</i>	x 2

BUILDING INSPECTIONS	QUANTITY	EACH	FEE
Maximum of 5 Inspections	< 5	N/C	N/C
Additional Fee per Inspection		\$20.00	

Building Permit Valid for 1 Year

TOTAL \$

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NOTICE: SEPARATE PERMITS ARE REQUIRED FOR PLUMBING, ELECTRIC & MECHANICAL

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.

Applicant's Name (Please Print)

Signature of Applicant

Date

CONSTRUCTION AND DEMOLITION

ASBESTOS SURVEY REQUIRED: YES NO

Survey Date: _____

TDH Inspector Number: _____

The Development Center can provide you with a current list of licensed asbestos inspectors or you may contact the Texas Department of Health's Asbestos Program in Austin, Texas at 1-800-572-5548 or online at www.dshs.state.tx.us/asbestos

I, _____, am the owner of the building at this location, and acknowledge that an asbestos survey is required by a licensed asbestos inspector for the same address prior to the issuance of a permit.

PENALTIES:

State health inspectors have authority to enter any areas to determine compliance with the regulations of the Texas Asbestos Health Protection Act. In addition, violations can result in a **fine of up to \$10,000** a day. As long as the violation continues, each day is considered a separate violation.

Owner Signature

Date

FOR OFFICE USE ONLY

Received By: _____

Date: _____

INSPECTOR'S RECORD: