



The City of Elmendorf has adopted all 2015 International Building Code and Residential Code to govern new building construction activity. Reviews are performed, and permit applications are processed by Bureau Veritas to assure that all new buildings meet the code standards and following zoning requirements.

## **Bureau Veritas Contact Information**

### **Permit Submittal**

The permit documents and fees will be submitted to the city. Submittal documents should be complete to expedite plan review and permit issuance. Please contact the city for a complete list of permit submittal requirements.

### **Plan Review**

Bureau Veritas will be conducting residential and commercial plan reviews. The applicant will be contacted by Bureau Veritas if revisions are needed. You may contact Bureau Veritas' Plano Plan Review Department for the status of your permit at (469) 241-1834 / toll free (800) 906-7199.

### **Inspection Requests**

Please contact Bureau Veritas to request inspection(s). Any of our permit technicians can assist you. Inspections requested by 5:00 pm Monday – Friday will be performed the next business day. Inspection requests can also be faxed to the Bureau Veritas office.

Inspection Request line: (817) 335-8111

Toll Free number (877) 837-8775

Inspection Fax line: (817) 335-8110

Toll Free Fax line: (877) 837-8859

Inspection requests can be emailed to: [inspectionstx@us.bureauveritas.com](mailto:inspectionstx@us.bureauveritas.com)

### **Field Inspections**

Inspectors assigned to your area can be contacted via cell phone. Please call the Bureau Veritas office at (817) 335-8111 / toll free (877) 837-8775 for your inspector's name and number.

**We look forward to working with you to ensure that the community is provided with a safe and durable built environment.**



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# Residential Permit Application

Building Permit Number: \_\_\_\_\_ Valuation: \_\_\_\_\_

Project Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Project Description: NEW SFR  SFR REMODEL/ADDITION  SPECIFY OTHER: \_\_\_\_\_

PLUMBING  MECHANICAL  ELECTRICAL  DEMO

MANUFACTURED HOME  LAWN IRRIGATION  SWIMMING POOL  FENCE

Description of Work: \_\_\_\_\_

Area Square Feet: \_\_\_\_\_

Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Porch: \_\_\_\_\_ Total: \_\_\_\_\_ Number of stories: \_\_\_\_\_

IS THIS PROPERTY IN A FLOOD PLAIN  Yes  No *If yes, provide Flood Plain Certificate*

MOBILE HOME SERIAL # \_\_\_\_\_ MANUFACTURED DATE: \_\_\_\_\_

Owner Information: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

General Contractor	Contact Person	Phone Number	Contractor License Number
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number
Electrical Contractor	Contact Person	Phone Number	Contractor License Number
Plumber/Irrigator	Contact Person	Phone Number	Contractor License Number
TPO Energy Provider	Contact Person	Phone Number	Contractor License Number

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. Separate permits are required for electrical, plumbing, and heating/air condition. All permits require final inspection.

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 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.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

All fees are non-refundable

When submittal documents are required, a plan review fee shall be paid at the time of submitting documents for plan review. The plan review fees shall be 65% of the building permit fee.

*This institution is an equal opportunity provider.*