City of South Padre Island
Building Permit Application
(956)-761-8104

PROPOSED WORK SITE:
EAST OF DUNE PROTECTION LINE:
( ) YES ( ) NO

Property Owner Information: Contractor Information:

Name: Name:
Mailing Address
City, State, Zip
Phone Number:
E:mail Address:

Improvement Value $
(copies of contracts required to verify value)
Contractor Signature:
Date:

License & Permit Bond □ Yes □ No (If No-One is required) - PROOF OF CURRENT PROPERTY TAXES PAID

PLEASE NOTE: If a Beach & Dune Permit is required on this property, a Building Permit cannot be issued until the B&D Permit has been approved & issued first.

APPLICATIONS ARE CONSIDERED INCOMPLETE AND WILL NOT BE ACCEPTED IF THE ENERGY CODES AND LANDSCAPE CODES HAVE NOT BEEN APPLIED.

TYPE OF CONSTRUCTION

☐ New ☐ Addition ☐ Remodeling ☐ Repair ☐ Remove

Building Height:__________ Square footagé__________ # Floors__________ # Parking Spaces__________
Lot Square Feet__________ Lot Front__________ Floor Elevation Above Curb__________
Lot Existing Use
List other Permits that will be required

OTHER WORK BEING DONE BESIDES NEW CONSTRUCTION

FLOOD HAZARD

Property is: □ Within □ Outside 100 Year Flood Elevation. Lowest Elevation Must Be At Least __________Feet.

Residential Use Only:
No. of Units______, Bedrooms______, Bathrooms_________. Sq. Feet non-Living_________. Sq. Feet Living_________.

OTHER

FOUNDATION
☐ Concrete slab on pilings
☐ Concrete pier
☐ Wood pier & beam
☐ TDLR Registration No.

EXT. WALL
☐ Masonry Veneer
☐ Masonry Solid
☐ Metal Siding
☐ Wood Siding
☐ Other

ROOF
☐ Wood Shingle
☐ Composition
☐ Metal
☐ Build Up
☐ B&D Conditions
☐ Other

SPECIAL CONDITION
☐ Public Sidewalk
☐ Coner Lot
☐ Cul De Sac
☐ B&D Conditions
☐ Other

NOTICE: Separate Permits are required for Electrical, Plumbing, Heating, Ventilating or Air Conditioning. This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. 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.
BUILDING CODES:


CHECKLIST FOR BUILDING A ONE OR TWO FAMILY DWELLING:

Two (2) Complete Sets of Plans be submitted to the Building Department with the following information:

- [ ] Site Plan and/or copy of survey; elevation of lot and finish floor, with relation to mean sea level (MSL) and adjacent street
- [ ] Form Board Survey to be submitted before pouring of foundation
- [ ] Elevation Certificate to be submitted upon completion of foundation
- [ ] Foundation Plan with pile schedule
- [ ] Floor Plan
- [ ] Electrical, Plumbing, Mechanical Plans
- [ ] Name and Address of Contractor & phone numbers
- [ ] Name and Addresses of Owner & phone numbers
- [ ] City State, Zip
- [ ] Cost of Total Construction

CHECKLIST FOR BUILDING A COMMERCIAL OR CONDOMINIUM STRUCTURE:

- [ ] Site Plan and/or copy of survey; elevation of lot and finish floor, with relation to mean sea level (MSL) and adjacent street
- [ ] Form Board Survey to be submitted before pouring of foundation
- [ ] Elevation Certificate to be submitted upon completion of foundation
- [ ] Foundation Plan with pile schedule
- [ ] Floor Plan
- [ ] Electrical and Plumbing Plans
- [ ] Mechanical Plans
- [ ] Architectural Plan
- [ ] Sprinkler Plan
- [ ] Structural Plan
- [ ] Fire Resistant Assembly Specifications
- [ ] General Specifications
- [ ] Structural Calculations
- [ ] Sprinkler Calculations
- [ ] Energy Conservation Calculations
- [ ] Soil Report
- [ ] Related existing Building Plans
- [ ] Cost of Construction
- [ ] Elevation Certificate to be submitted upon completion of foundation

ANY REQUIRED REPLATTING PROCEDURES TO BE COMPLETED BEFORE ISSUANCE OF THE

SIGNATURE OF CONTRACTOR OR AGENT ______________________ DATE ______________________