



# RESIDENTIAL

## SINGLE FAMILY DWELLING/DUPLEX/TOWNHOME

### BUILDING PERMIT APPLICATION AND DOCUMENT SUBMITTAL CHECKLIST

New Building    
  Addition    
  Remodel

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Address (Location of Project): \_\_\_\_\_

Name of Project (Business): \_\_\_\_\_ Contact Phone # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Contact FAX # \_\_\_\_\_

**Please use this checklist to aid in preparing a complete building permit application package. Most permit processing delays are the result of incomplete or inadequate permit submittal information. Please check off each line as you identify that your submittal contains the required information, place N/A on the lines that do not apply to your specific project, and then submit this checklist with your application. Ask the Permit Technician if you need supplemental information to assist you with preparing required documents.**

**The City of Weatherford has adopted the following codes on 1-14-2014 (Ordinance 660-2014-05):**

2009 International Residential Code	2009 International Plumbing Code	2009 Energy Efficiency Code
2009 International Mechanical Code	2012 TAS- Accessibility Standards	2008 National Electrical Code
2009 International Fire Code	2011 NFPA 58 Liquefied Petroleum Gas	2009 NFPA 54 Fuel Gas Code
2009 International Fuel Gas Code	NCTCOG/City of Weatherford Amendments	Weatherford Municipal Code

**IF YOUR PERMIT DOCUMENTS ARE NOT COMPLETE YOUR SUBMITTAL WILL NOT BE ACCEPTED.**

NEW RESIDENTIAL HOMES MUST HAVE OSS SEWAGE AND WELLS APPROVED PRIOR TO PERMIT ISSUANCE  
 IF CITY SEWER/WATER IS NOT AVAILABLE CONTACT PARKER COUNTY HEALTH @ 817-598-6174  
 AND UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT @ 817-523-5200

**IF YOU START WORKING PRIOR TO HAVING AN APPROVED PERMIT ON THE JOBSITE YOUR PERMIT FEE WILL BE DOUBLED, YOU WILL BE ISSUED A WRITTEN WARNING NOTICE AND COULD BE SUBJECT TO A PENALTY OF UP TO \$500 PER DAY**

(WMC SEC. 1-3-1, Ord. No. 87-6, 9-22-87)

**CHECK OFF SECTIONS**

**PLEASE FULLY COMPLETE AND SUBMIT THE FOLLOWING:**

		Applicant	
<b>NEW BUILDING AND/OR ADDITION</b>			
A		✓	Project Information Sheet (page 1 & 2) with electrical requirements
B			Two (2) full sets of construction drawings ( <span style="color: red;">min. 18" x 24 "</span> ) (Appropriately scaled to fit sheet) <i>This must include elevations, roof/ceiling framing plan and floor framing plan (include all beams)</i>
C			Two (2) copies of proposed survey/site plan – (max. 11"x17") (prefer 8 1/2"x 11")
D			Two (2) copies of energy code Res-Check Report (Not required for unconditioned space)
G			Two (2) copies of tree survey and details – (If required)
H			One (1) completed Contractor Acknowledgement form
I			Two (2) copies of foundation design & details- ( <span style="color: red;">min. 18" x 24 "</span> ) (Stamped by Texas Licensed Engineer)
<b>REMODEL - (interior work only)</b>			
A			Project Information Sheet (page 1 & 2) with electrical requirements
B			Two (2) complete full-size sets of construction drawings (min. 18" x 24 ") (min. 1/8" scale)
C			Two (2) copies of existing survey/site plan – (max. 11"x17") (prefer 8 1/2"x 11")
D			Two (2) copies of energy option (Res-Check Report, Prescriptive, Trade Off, Energy Star)
H			One (1) completed Contractor Acknowledgement form

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, ordinance, or regulation. **The issuance of a permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not.**

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Planning and Development Department  
 Building Inspections Division  
 119 Palo Pinto St.  
 Weatherford, TX 76086

6/08/2017

Ph: 817-598-4284  
 Fax: 817-598-4487  
 Automated Inspections: 817-598-4041  
[www.weatherfordtx.gov](http://www.weatherfordtx.gov)



**RESIDENTIAL BUILDING PERMIT APPLICATION  
PLANS SUBMITTAL CHECKLIST  
PROJECT INFORMATION SHEET**



Pg. 1 of 2

***This information is requested to help the City review your permit submittal package. By providing all information requested you will be helping us cut down the time spent researching your projects information and thus will help expedite your own permit approval.***

Office ✓	Applicant ✓	ANSWER ALL QUESTIONS (Please Print Clearly)	ESTIMATE/ PROJECT VALUATION? \$ _____
		Who are you?	AGENT <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ARCHITECT <input type="checkbox"/> OTHER <input type="checkbox"/>
		What is your name?	_____ FIRST LAST
		Who is the owner of the property?	Name: _____ FIRST LAST Company: _____ Address: _____ NUMBER STREET CITY ZIP Phone # _____ Fax# _____ Cell # _____ Email: _____
		Who is the General Contractor?	Name: _____ FIRST LAST Company: _____ Address: _____ NUMBER STREET CITY ZIP Phone # _____ Fax# _____ Cell # _____ Email: _____
		Who will be responsible for the project during construction?	OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/>

NEW BUILDING QUESTIONS						ANSWERS						NOT APPLICABLE ✓			
What is the total square footage of the <b>conditioned space</b> ?						Sq.ft									
What is the square footage of the <b>garage</b> ?						Sq.ft									
What is the square footage of all attached (covered) <b>porch/deck</b> ?						Sq.ft									
Number of parking spaces in Garage? <i>(must have 2 min. if new dwelling)</i>						<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4			
How many <b>stories</b> ?						<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4			
How many <b>bedrooms</b> ?						<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4			
How many <b>bathrooms</b> ?						<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4			
<b>REMODEL AND ADDITION QUESTIONS</b>															
How many <b>stories</b> of your existing building? (If addition)						<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4			
What is the <b>square footage</b> of your proposed addition?						Sq.ft									
What is the total <b>square footage</b> of the area you are remodeling?						Sq.ft									
<b>IRRIGATION QUESTIONS</b>															
Are you installing a new irrigation system?						<input type="checkbox"/> YES		<input type="checkbox"/> NO							
Are you expanding an existing irrigation system?						<input type="checkbox"/> YES		<input type="checkbox"/> NO							
<b>UTILITY QUESTIONS</b>															
Are you on public water or a private well?						<input type="checkbox"/> Public		<input type="checkbox"/> Private							
Are all of your utilities electric?						<input type="checkbox"/> YES		<input type="checkbox"/> NO							
Who supplies your electricity?						<input type="checkbox"/> WE		<input type="checkbox"/> TXU							
						<input type="checkbox"/> TRI-COUNTY									
Are you going to need a new gas meter? <i>(Contact Texas Gas)</i>						<input type="checkbox"/> YES		<input type="checkbox"/> NO							
What type of sewage disposal do you have?						<input type="checkbox"/> Public		<input type="checkbox"/> Private (septic)							
What type of electrical service will you need?						<input type="checkbox"/> Overhead		<input type="checkbox"/> Underground							
<b>**ELECTRICAL SERVICE REQUIREMENTS**</b>															
<b>(If you need assistance filling out table please ask your electrician)</b>															
Fill in Quantity and Amperage in supplied blanks below.															
<b>EXAMPLE:</b> Electric Water Heater: <i>Total Qty. 1 Total Amps. 30</i>															
Natural Gas or Propane: Write <b>GAS</b> in the appropriate blanks if appliance is gas.															
	Qty	Amps		Qty	Amps		Qty	Amps		Qty	Tons/KW	Amps			
Base Appliance & Lighting			Clothes Washer			Electric Water Heater			Electric Air Conditioning (TONS)						
Electric Range			Electric Clothes Dryer			Dishwasher			Electric Heat (KILOWATTS)						
Electric Oven			Electric Cook Top			Freezer & Misc.			Other Major Misc. Electrical						

**There will be a \$70.00 charge for a customer requested 320 AMP base if the service does not require over our standard 200 AMP base. This will be based on the above electrical load requirements.**



PERMIT APPLICATION  
PLANS SUBMITTAL CHECKLIST  
CONTRACTOR ACKNOWLEDGEMENTS



***ONLY individual contractors MUST COMPLETE AND SIGN this form  
If your State License or COI (Certificate of Insurance) is expired the permit you are working  
will be invalid and will not be issued or may be cancelled by the Building Official.***

Construction address: \_\_\_\_\_

Building Contractor: \_\_\_\_\_

**MASTER ELECTRICIAN'S STATEMENT**

OFFICE USE ONLY - CONFIRMED ON \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, do acknowledge that **I will be doing the electrical work** for the  
(print name)  
construction at the above stated address. I further acknowledge that the above stated contractor will be  
obtaining the electric permit for this project.

\_\_\_\_\_  
(date) (signature) License # Exp. date Cert. of Insurance exp. date

\_\_\_\_\_  
(Company name, address & phone number)

**MASTER PLUMBER'S STATEMENT**

OFFICE USE ONLY - CONFIRMED ON \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, do acknowledge that **I will be doing the plumbing work** for the  
(print name)  
construction at the above stated address. I further acknowledge that the above stated contractor will be  
obtaining the plumbing permit for this project.

\_\_\_\_\_  
(date) (signature) License # Exp. date Cert. of Insurance exp. date

\_\_\_\_\_  
(company name, address & phone number)

**MECHANICAL/HVAC STATEMENT**

OFFICE USE ONLY - CONFIRMED ON \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, do acknowledge that **I will be doing the mechanical/HVAC work**  
(print name)  
for the construction at the above stated address. I further acknowledge that the above stated contractor will  
be obtaining the mechanical permit for this project.

\_\_\_\_\_  
(date) (signature) License # Exp. date Cert. of Insurance exp. date

\_\_\_\_\_  
(company name, address & phone number)