

CITY OF BEACH CITY

12723 FM 2354
BEACH CITY, TX. 77523
281.383.3180
1-855-743-0559 Fax
city@beachcitytx.us



NEW CONSTRUCTION AND/OR OSSF PERMIT APPLICATION

****THIS IS NOT A PERMIT****

A request for additional information may be required otherwise; your permit will be mailed to you in a timely manner.

MAKE CHECKS PAYABLE TO: CITY OF BEACH CITY

DATE: _____

CONTRACTOR / APPLICANT: _____ MAILING ADDRESS: _____

PHONE NO: _____ EMAIL: _____

CONSTRUCTION ADDRESS: _____

PROPERTY OWNER: _____ OWNER'S PHONE NO: _____

OWNER'S MAILING ADDRESS: _____ OWNER'S EMAIL: _____

VALIDITY OF PERMIT: The issuance or granting of this permit or approval of plans, specifications, and computations shall not be construed to be a permit for, or an approval of, any violation of any provision of the codes or of any other City ordinance. Any permit presuming to give authority to violate or cancel any provision of the codes or any other City ordinance shall not be valid. The issuance of this permit based on plans, specifications, computations, and other data shall not prevent the Inspector from later requiring the correction of errors in plans, specifications, computations, and other data or from preventing building operations being carried on when in violation of the codes or of any other City ordinance.

THIS PERMIT BECOMES NULL AND VOID IF WORK IS NOT COMMENCED WITHIN SIX (6) MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE (1) YEAR.

SIGNATURE: _____
Owner, Contractor or Authorized Representative

FILL OUT THE INFORMATION BELOW TO THE BEST OF YOUR ABILITY

BUILDING INFO: () RESIDENTIAL () NEW HOME () MOBILE HOME/MANUFACTURED HOME () *COMMERCIAL () OTHER

PHYSICAL ADDRESS: _____ SUBDIVISION: _____

LT/TR: _____ BLOCK: _____ SECTION: _____ PARCEL: _____ FLOOD ZONE: _____

BEDROOMS: _____ BATHS: _____ AREA (SQ. FT.): _____ FOUNDATION: _____

CONTRACTOR NAME: _____

Additional information for the Inspector:

***COMMERCIAL DEVELOPMENT REQUIRES CHAMBERS COUNTY DRC / FIRE MARSHAL APPROVAL**

OSSF INFO: () NEW () MODIFICATION () REPLACE EXISTING () OTHER _____
() RESIDENTIAL () COMMERCIAL **NO. OF BEDROOMS IN EXISTING HOME for OSSF PERMIT ONLY:** _____

INSTALLER: _____ LICENSE NO: _____

TELEPHONE: _____ EMAIL: _____

DESCRIBE WORK: _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HEREBY GIVEN TO THE CITY OF BEACH CITY AND/OR ITS REPRESENTATIVES TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF LOT EVALUATION AND INSPECTION OF THE ON-SITE SEWAGE FACILITY (OSSF) AND THAT A PERMIT TO OPERATE THE FACILITY WILL BE GRANTED FOLLOWING SUCCESSFUL INSPECTION OF THE INSTALLED SYSTEM WHICH INDICATES THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH TCEQ'S OSSF RULES, TAC30, CHAPTER 285, AND/OR PER BEACH CITY ORDINANCE REQUIREMENTS.

INITIALS: _____

FOR OFFICE USE ONLY

PERMIT FEE : \$310.00 PENALTY FEE: \$300.00 TOTAL FEES: _____ CASH: _____ CHECK#: _____

DATE: _____

PERMIT NO: _____

CITY OF BEACH CITY REPRESENTATIVE