



# CITY OF BEACH CITY

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

## 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 PERMIT:** ( ) RESIDENTIAL ( ) COMMERCIAL ( ) NEW HOME ( ) MOBILE HOME/MANUFACTURED HOME ( ) OUT BUILDING ( ) OTHER

STREET NO: \_\_\_\_\_ STREET: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ FLOOD ZONE: \_\_\_\_\_

BEDROOMS: \_\_\_\_\_ BATHS: \_\_\_\_\_ AREA (SQ. FT.): \_\_\_\_\_ PARCEL ID: \_\_\_\_\_ FOUNDATION: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONSTRUCTION DETAILS (i.e. ADDING BARN, RESTROOM, BEDROOM, AIRPLANE HANGER, ETC.): \_\_\_\_\_

**OSSF PERMIT:** ( ) NEW ( ) MODIFICATION ( ) REPLACE EXISTING ( ) OTHER \_\_\_\_\_  
( ) RESIDENTIAL ( ) COMMERCIAL NO. OF BEDROOMS IN EXISTING HOME, ETC.: \_\_\_\_\_

DESIGNER: \_\_\_\_\_ LICENSE NO (PE OR RS): \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

INSTALLER: \_\_\_\_\_ REGISTRATION NO: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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\***

CITY: **\$75.00** INSPECTOR: **\$150.00** TCEQ: **\$10.00** PENALTY FEE: \_\_\_\_\_ TOTAL FEES: \_\_\_\_\_

DATE: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK#: \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

\_\_\_\_\_  
CITY OF BEACH CITY REPRESENTATIVE