



APPLICATION CHECKLIST

Residential – SFD & Townhouse

Public Works Department
25 Oak Drive • Lake Jackson, TX 77566
Inspection Line (979) 415-2432 • Phone (979) 415-2430 • Fax (979) 415-2530
• www.lakejackson-tx.gov

Use this checklist to ensure that all necessary information is provided for review of your project.

Requirements for Submittal

- _____ Completed Residential Building Permit Application
- _____ Two (2) accurate fully dimensioned plot survey
- _____ Two (2) sets of construction drawings
- _____ Two (2) sets of engineered drawings and calculations (If required)
- _____ Two (2) completed 2015 ResCheck Energy Code Compliance Forms
- _____ Verification or photocopy of current Plumbing, Mechanical, and/or Electrical Contractor Licenses
- _____ Residential Cross-Connection Control survey application

Please Note:

- Incomplete applications and deferred submittals may delay review and issuance of permits
- Engineered drawings larger than 24 by 36 will not be accepted.

APPLICATIONS ARE ONLY CONSIDERED COMPLETE IF ALL INFORMATION REQUESTED ON FORMS IS PROVIDED.



BUILDING PERMIT APPLICATION Residential – SFD & Townhouse

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Incomplete applications and deferred submittals may delay review and issuance of permits

THIS COMPLETED APPLICATION IS TO BE USED FOR RESIDENTIAL ONE AND TWO FAMILY DWELLING UNITS AND TOWNHOUSES. THIS APPLICATION MUST BE ACCOMPANIED BY TWO (2) ACCURATE FULLY DIMENSIONED PLOT SURVEY, TWO (2) SETS OF CONSTRUCTION DRAWINGS, TWO (2) SETS ENGINEERING, TWO (2) COPIES OF 2015 ResCheck ENERGY CODE COMPLIANCE FORMS, AND ONE (1) COMPLETED RESIDENTIAL CROSS CONNECTION CONTROL SURVEY.

TYPE OF PERMIT: SINGLE FAMILY DWELLING DUPLEX TOWNHOUSE
 NEW CONSTRUCTION ALTERATION/REMODEL ADDITION ROOFING

Project Address: _____ HOMESTEAD EXEPTION CLAIMED: YES NO

Lot #: _____ Subdivision: _____ Parcel ID #: _____

Project Description: _____

Property Owner: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____

Cell Phone: _____ Fax: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip Code: _____

General Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Estimated Project Valuation: _____ Building Square Footage: _____ New Construction Sq Ft _____ Alteration /Repair Sq Ft _____

1st Floor Sq Ft: _____ 2nd Floor Sq Ft: _____ 3rd Floor Sq Ft: _____

Basement Sq Ft: _____ Deck Sq Ft: _____ Garage Sq Ft: _____

Screen Porch: _____ Attic Sq Ft: _____ Covered Porch Sq Ft: _____

Setbacks: Front: _____ Rear: _____ Left Yard: _____ Right Yard: _____ Lot Coverage %: _____

Roofing Type: _____ Roofing Sq Ft: _____ Is Roof Decking Being Replaced: _____ # Existing Roof Layers: _____

FOR STAFF USE ONLY

Reviewed and Approved for Construction

Approve By: _____ Date: _____

Permit # _____	\$ _____	\$ _____	\$ _____
	Plan Check Fee	Building Permit Fee	Mechanical Fee
\$ _____	\$ _____	\$ _____	\$ _____
Plumbing Fee	Electrical Fee	Sewer Fee	Water Fee
			Total Permit Fees



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Plumbing Contractor: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contractor's License Number: _____ Expiration: _____

Provide the Number of Plumbing Fixtures (Including Rough-Ins)

Bar Sink _____ Stand Alone Shower _____ Kitchen Sink _____ Refrigerator/Ice _____
Bathtub _____ Dishwasher _____ Laundry & Lavatory _____ Water Heater _____
Combo Bath/Shower _____ Hose Bib _____ Water Closet _____ Gas Outlets _____
Water meter size _____ Sewer meter size _____

* Installation of Pools and Spas require separate permit.

** Installation of Irrigation systems require separate permit.

Mechanical Contractor: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contractor's License Number: _____ Expiration: _____

Provide the Number of Mechanical Fixtures (Including Rough-Ins)

Clothes Dryer _____ Boiler < 3 HP _____ Ventilation Fans _____
Furn. <100K BTU _____ Boiler 4-15 HP _____ Kitchen Hood / Exhaust _____
Furnace > 100K BTU _____ A/C Compressor _____ Misc. Units _____
Fireplace _____ Air Handler < 10K CFM _____ Air Handler > 10K CFM _____

Electrical Contractor: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contractor's License Number: _____ Expiration: _____

Provide the Number of Electrical Fixtures (Including Rough-Ins)

Electrical Outlets 120 Volt _____ Lighting Fixtures _____ Motors >10 - 50 HP _____
Electrical Outlets 240 Volt _____ Electrical Service Panels _____ Motors > 50 HP _____
Electrical Outlets –GFCI _____ Temp. Service Connections _____ 2 Pole Circuits _____
Electrical Switches _____ Motors < 10 HP _____ 3 Pole Circuits _____

Certification: Under penalty of perjury, I (the undersigned) certify that I am the property owner or their authorized agent and that the permits belong to the property owner including all rights and responsibilities of said permit. I certify that the above information is complete and accurate and that the construction of, along with the occupancy and use of the above-described property will be in accordance with the laws, rules and regulations of the City of Lake Jackson. I understand that any changes in contractor information must be reported immediately to the City of Lake Jackson as a condition of the permit, failure to report changes may nullify and/or expire the permit without notice or further cause.

Owner or Authorized Agent Signature: _____ Date: _____

Printed Name: _____



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TO BE COMPLETED BY THE PROPERTY OWNER OR THEIR AUTHORIZED AGENT

The purpose of this questionnaire is to help determine if you have any special plumbing or activities that pose an increased risk of contamination to the city water system. Please fill out the following questionnaire and check the appropriate boxes that apply to your project.

Backflow prevention assemblies shall be installed at all service connections and/or all fixtures where in the judgment of the City of Lake Jackson, the nature of activities on the premise may present a nuisance or hazard to the public water system. Residential projects may be required to provide premise isolation as a minimum protection. Installed devices are required to be tested annually with test results and certification provided to the City of Lake Jackson.

TYPE OF RESIDENCE: Single Family Two Family (Duplex) Townhouse: Other: _____

Project Site Address: _____ Property Tax Parcel: _____

Project Description: _____

Owner's Name: _____

Owner's Address: _____ Phone : _____

Email address: _____

Place a check next to all equipment and fixtures listed below that are, or will be connected to water for use at your project or residence.

- | | | |
|--|--|---|
| <input type="checkbox"/> Photo Developing Equipment | <input type="checkbox"/> Heat Pumps | <input type="checkbox"/> Spa/Sauna |
| <input type="checkbox"/> Gray water system | <input type="checkbox"/> Heating systems using Water | <input type="checkbox"/> Air Conditioner |
| <input type="checkbox"/> Water to dock or boat moorage | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Treatment /Filtration System |
| <input type="checkbox"/> Septic System / Pump | <input type="checkbox"/> Private well on property | <input type="checkbox"/> Decorative Pond /Fountain |
| <input type="checkbox"/> Lawn Landscape Irrigation | <input type="checkbox"/> Livestock Watering | <input type="checkbox"/> Drinking Fountain |
| <input type="checkbox"/> Garbage Disposals | <input type="checkbox"/> Hot tub | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Solar Heating Equipment | <input type="checkbox"/> Swimming Pool | |

Certification: Under penalty of perjury, I (the undersigned) certify that I am the property owner or their authorized agent and that the above information is complete and accurate to the best of my knowledge. I understand that any changes in equipment connected to the water system must be reported immediately to the City of Lake Jackson as a condition of continued service. I understand that failure to report changes or provide yearly inspection reports of installed backflow protection devices may result in the City of Lake Jackson interrupting water service to the affected systems.

Completed By: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE CITY OF LAKE JACKSON							
Type of Water Use	Hazard Assessment		Backflow Protection Required				
	Low	High	None	DCVA	DCDA	RCBA	RPDA
Domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status of Meter	<input type="checkbox"/> Meter is Set		<input type="checkbox"/>	<input type="checkbox"/> Okay to Install			
Certified By	<input type="checkbox"/> Locked per Water Department						

FOR STAFF USE ONLY				
Permit # _____	Accepted By _____	Premise Isolation Required _____	Assembly Type _____	Date _____