



PERMIT APPLICATION

Mechanical – Electrical – Plumbing

Public Works Department – Building Division

25 Oak Drive, Lake Jackson, TX 77566

• Phone (979) 415-2430 • Inspection Line (979) 415-2432 • Fax (979) 415-2530

• www.lakejackson-tx.gov

READ ALL INSTRUCTIONS, NOTES, AND COMPLETE APPLICABLE INFORMATION RELATED TO THE PROJECT.

Permits must be displayed and visible from the street at all times.

THIS COMPLETED APPLICATION IS FOR MECHANICAL, ELECTRICAL, AND PLUMBING WORK ONLY. THIS APPLICATION MUST BE ACCOMPANIED BY ALL SUPPORTING DOCUMENTATION INCLUDING BUT NOT LIMITED TO PRODUCT SPECIFICATIONS, CUTSHEETS, AND CALCULATIONS. PLUMBING WORK MUST BE ACCOMPANIED BY THE APPLICABLE CROSS CONNECTION CONTROL SURVEY.

TYPE OF PERMIT: NEW FIXTURES, EQUIPMENT, AND/OR SYSTEMS RESIDENTIAL
 REPLACEMENT FIXTURES, EQUIPMENT, AND/OR SYSTEMS COMMERCIAL

Project Address: _____
 Project Description: _____
 Property Owner: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Contact Person: _____
 Phone Number: _____ E-mail: _____

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: _____ Electrical Outlets 240 Volt: _____ Electrical Outlets GFCI/AFCI: _____
 Electrical Switches: _____ Lighting Fixtures: _____ Electrical Service Panels: _____
 2 Pole Circuits: _____ 3 Pole Circuits: _____ Temporary Service Connectors: _____
 Motors < 10 HP: _____ Motors 10 -50 HP: _____ Motors > 50 HP: _____
 Meter Loop in Amps: _____ Alteration/Repair Area Square Footage _____ New Construction Square Footage _____

Note: See Code of Ordinance Chapter 14 Article IV for Electrical Code Amendments

ALL WORK MUST BE PERFORMED BY STATE OF TEXAS LICENSED ELECTRICIAN UNLESS PERFORMED BY THE HOMEOWNER HOLDING A HOMESTEAD EXEMPTION FOR THE SUBJECT PROPERTY.

FOR STAFF USE ONLY

 Approved By Permit Number \$ _____ Plumbing Fee \$ _____ Mechanical Fee \$ _____ Electrical Fee

 \$ _____ Water Meter Charge \$ _____ Water Connection \$ _____ Sewer Connection \$ _____ TOTAL PERMIT FEES



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Plumbing Contractor: _____ Phone Number: _____

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

Contractor's License Number: _____ Expiration: _____

Water Supply Piping

- A. Fixture Units: Number of Fixtures X Fixture Units = Total Fixture Units
- B. Distance from meter to most remote outlet: _____ feet.
- C. Difference in elevation between meter and highest fixture: _____ feet above meter or _____ feet below meter.
- D. Pressure in street main: _____ psi. (Measure with gauge or check with Water Department)

Number of Plumbing Fixtures (Including Rough-Ins)

Plumbing Fixtures	# of Fixtures per Type	Total Fixture # X Multiplier	NOTES:
Bar Sink		X 1.0 =	<p>See Code of Ordinance Chapter 14 Article V for Plumbing Code Amendments</p> <p>ALL WORK MUST BE PERFORMED BY STATE OF TEXAS LICENSED PLUMBER UNLESS PERFORMED BY THE HOMEOWNER HOLDING A HOMESTEAD EXEMPTION FOR THE SUBJECT PROPERTY.</p> <p>All Gas Piping including existing piping systems must be pressure tested prior to City of Lake Jackson contacting the service provider for service release and meter install.</p> <p>All Gas Piping installations require submittal of gas pipe sizing calculations and installation plans.</p>
Bathtub or Combination Bath/Shower		X 4.0 =	
Clothes washer		X 4.0 =	
Dishwasher		X 1.5 =	
Hose Bibb		1st X 2.5 = Ea add X 1.0 =	
Kitchen Sink		X 1.5 =	
Laundry Sink		X 1.5 =	
Lavatory (Bathroom Sink)		X 1.0 =	
Drinking Fountain		X	
Shower (Stand Alone) Each Head		X 2.0 =	
Water Closet (Toilet)		X 2.5 =	
Whirlpool Bath or Combination Bath/Shower		X 4.0 =	
Water Heater			
# Drains & Traps (other than above items)			
# of Gas Outlets			
Other Fixtures-List:			
			Total Supply Fixture Units:

Water Meter Size: _____ Water Service Line Size: _____ Size/Type Backflow Preventer: _____

Grease Interceptor Size and Type: _____ ** All Interceptors must be sized by licensed engineer**

Number of Irrigation Zones: _____ Size and Type of Irrigation Piping: _____

Alteration/Repair Square Footage

New Construction Square Footage

Water Line/Sewer Line Service Length

** Irrigation systems must be accompanied by irrigation layout plan.



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Mechanical Contractor: _____ Phone Number: _____

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

Contractor's License Number: _____ Expiration: _____

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

Clothes Dryer: _____	Fireplace: _____	Boiler: HP A/C Compressor: ____
Furnace < 100K BTU: _____	Evaporative Cooler: _____	Air Handler: _____ CFM
Furnace > 100K BTU: _____	0 to 5 ton: _____	Ventilation Fans: _____
Appliance Vent: _____	5 to 10 ton: _____	Misc Units: _____
Kitchen Hood: _____	10 to 50 ton: _____	
	50 ton and up: _____	

New Construction Square Footage

Alteration/Repair Square Footage

Note: See Code of Ordinance Chapter 14 Article VIII for Mechanical Code Amendments

ALL WORK MUST BE PERFORMED BY STATE OF TEXAS LICENSED MECHANICAL CONTRACTOR UNLESS PERFORMED BY THE HOMEOWNER HOLDING A HOMESTEAD EXEMPTION FOR THE SUBJECT PROPERTY.

MANDATORY – READ AND INITIAL FOR ALL HVAC WORK

_____ Under penalty of perjury, I certify that I have completed the required heating and cooling load calculations for the installation of new or replacement Furnaces, Air Handlers, and Air Conditioning Units as required by the International Energy Conservation Code, as adopted by the City of Lake Jackson, and made law by Texas House Bill 1736, and have provided a copy of which to the property owner for their records. I further certify that a post installation duct test will be performed as required by the International Energy Conservation Code, as adopted by the City of Lake Jackson, and made law by Texas House Bill 1736, and will provide a copy of which to the property owner for their records.

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 contractor information must be reported immediately to the City of Lake Jackson as a condition of the permit. I understand that failure to report changes may nullify and/or expire the permit without notice or further cause. I hereby certify that the above-described work will be completed in accordance with the laws, rules and regulations of the City of Lake Jackson.

Owner or Authorized Agent: _____

Signature

_____ Date

_____ Printed Name



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Mechanical Permit Fees

New Construction: Per 1000 SQFT \$40.00

Alteration/Repair: Per 1000 SQFT \$25.00

Plumbing/Gas Permit Fees

New Construction: Per 1000 SQFT \$40.00

Alteration/Repair: Per 1000 SQFT \$25.00

Each Backflow Protection Device \$25.00

Electrical Permit Fees

New Construction: Per 1000 Sqft \$40.00

Alteration/Repair: Per 1000 Sqft \$25.00

Water Tap Water Tap Fee

3/4" water tap \$1,100.00

1" water tap \$1,675.00

2" water tap \$3,800.00

3" and larger Call City For
Quote.

Sewer Tap

4" \$250.00

6" \$350.00

8" \$400.00

10" \$450.00

Taps Outside City Limits

All Taps Outside City Limits Should be
Completed by Contractor.

All Inspection Fees

Re-inspection fee \$25.00

Scheduled After Hour/ Weekend Inspection \$75.00

Water Tap Inspection Fee \$150.00

Sewer Tap inspection Fee \$150.00