

City of Saginaw Permit Department
301 S. Saginaw Blvd.
Saginaw, Texas 76179
Phone: 817-230-0453 or 817-230-0473
E-Mail: permits@saginawtx.org



Permit #: _____

Permit Fee: _____

ACCESSORY DETACHED BUILDING PERMIT APPLICATION

ZONING: RESIDENTIAL ☐

COMMERCIAL / INDUSTRIAL ☐

PERMIT TYPE: BUILDING ☐

STRUCTURE ☐

Permit Address: _____

Property Owner Information

Name: _____

Address: _____

City

State: _____

Zip: _____

Phone: _____

E-Mail: _____

Occupancy Information: (Commercial/Industrial)

Company Name: _____

Phone: _____

E-Mail: _____

Permit Information

Construction Value: _____

Square Footage of Project: _____

Hight of Project: _____

Minimum Setback from Property Line: _____

Will there be Electrical?

YES ☐ NO ☐

Will there be Plumbing?

YES ☐ NO ☐

Are there any other Accessory Detached Structures on the Property?

YES ☐* NO ☐

*If yes, what is the Square Footage of the other Structures? _____

Detailed Description of Work:

Permit Requirements

1. Site Plan: To scale, with measurements, and turned in with application.
2. Construction Plan: To scale and include framing, electrical, mechanical, and plumbing plan.
3. Maximum Height is twelve (12) feet.
4. All accessory buildings over 120 square feet must be on a permanent foundation.
5. Aluminum and steel roofs require a minimum of 26 gauge.
6. Minimum setback is five (5) feet from the property line per Ordinance - [Sec. 9-3 - Drainage](#)
7. If the structure is ten (10) feet to twelve (12) feet in height, the minimum setback is half the structure height.
8. Accessory buildings may not be located within a utility easement, may affect required setback.

All Contractors must be registered with the City of Saginaw, be validated on the permit, and hold general liability insurance with the City of Saginaw as a certificate holder prior to the permit being released.

General Contractor Information *Property Owner ☐ Contractor ☐ TBD ☐

Company Name:		
Address:		
City	State:	Zip:
Phone:	E-Mail:	

Electrical Contractor Information *Property Owner ☐ Contractor ☐ TBD ☐ N/A ☐

Company Name:		
Address:		
City	State:	Zip:
Phone:	E-Mail:	

Plumbing Contractor Information *Property Owner ☐ Contractor ☐ TBD ☐ N/A ☐

Company Name:		
Address:		
City	State:	Zip:
Phone:	E-Mail:	

All work must meet currently adopted codes and city ordinances.

Inspections must be requested for all permits.

This permit, once issued, expires by limitation 180 days from the date of issuance unless construction is commenced, and inspection approval is obtained within 180 days of issuance.

I understand that all permits require phase inspections in addition to a final inspection.

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 regulating construction or the performance of construction.

Printed Name:

Signature:

Date:

***Signed Property Owner's Statement required**