

City of Saginaw
 Permit Department
 301 S. Saginaw Blvd.
 Bus: 817-230-0453 Fax: 817-232-8565
 E-mail: permits@saginawtx.org



City of Saginaw

Permit Date: _____
 Permit #: _____
 Total Fee: _____
 Receipt #: _____

Residential New Construction Permit Application

Permit Address:

Lot:	Block:	Addition:	Zoning:
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Property Owner Information

Name:

Address:

City:	State:	Zip:
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Phone:	E-mail:
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Permit Information

Construction Value (Including: electrical, mechanical & plumbing):

Sqaure Footage of Building (total gross floor area):

Site Plan (Due with application):

Construction Plans (Due with application):

Describe All Work

Permit Check List

Completed Application	Yes	No	Frame Plan (roof, floor, header, span chart, ceiling, etc.)	Yes	No
	Plot Plan	Yes		No	Truss Layout (full size, two story)
Soil Report for Foundation	Yes	No	Energy Report	Yes	No (If applicable)
Foundation Plan	Yes	No	Electrical, Mechanical Plumbing, and Gas	Yes	No (If applicable)
Shear Wall Detail	Yes	No	Building Plans (elevation, exterior finish percentages, living space, and garage square foot)	Yes	No

Contractor Information

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 Homeowner Contractor To be Determined

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

Electrical Contractor Information Homeowner Contractor To be Determined

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

Mechanical Contractor Information Homeowner Contractor To be Determined

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

Plumbing Contractor Information Homeowner Contractor To be Determined

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. The authority having jurisdiction shall be permitted to grant an extension of the permit time period for additional 180 days upon written documentation, by the permittee, of a satisfactory reason for failure to start or complete the work or activity authorized by the permit. Only one extension will be allowed.

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.

Applicant Signature:	Date:
Printed Name:	Date:

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GENERAL CONTRACTOR INFORMATION

Company Name:

*****FOR OFFICE USE ONLY***
 APPLICATION / PLAN INFORMATION**

Application Accepted By:	Date:
Plans Delivered to Building Department:	Date:

INSPECTOR PLAN REVIEW Information for PTWin32

Project Description: (PLAN #)		Construction Type:	
Purpose:	SF Residential	Construction Value:	
Zoning:		Occupancy Load:	
# of Buildings:		Living Area:	
# of Dwelling Units:		Total Floor Area:	

Comments:

Inspector Approval:	Date:
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Builder:			WATER METER SIZE:		
Electrical Contractor:			CODE	DESCRIPTION	FEE AMOUNT
Mechanical Contractor:			UBTPW	WATER TAP INSPECTION	
Plumbing Contractor:			UBTPS	SEWER TAP INSPECTION	
BUILDING FEES			ACCFW	FT WORTH ACCESS - WATER	
CODE	DESCRIPTION	FEE AMOUNT	ACCFW	FT WORTH ACCESS - SEWER	
PERBL	PERMIT FEE		IFWTR	SAGINAW IMPACT - WATER	
PERBL	PLAN REVIEW FEE		IFSWR	SAGINAW IMPACT - SEWER	
SUBTOTAL:			SUBTOTAL:		
			Permit Total:		

RECEIPT NUMBER:	AMOUNT:	RECEIPT NUMBER:	AMOUNT:
PAYMENT RECEIVED BY:			DATE: