CITY OF HIGHLAND HAVEN, TEXAS
Phone #: (830) 265-4366 Fax #: (512) 366-9721 PROPERTY DEVELOPMENT PERMIT APPLICATION

as of June 19, 2012 Pmt # _____

| Property Owner: Name | Phone # | | | |
|---|---|--|--|--|
| Address | Email: | | | |
| Property Location: Lot# (s) HH Street : | address | | | |
| Property Owner authorizes contractor to make modifications to permit | : Yes No Signature: | | | |
| PERMIT PURPOSE: N () New single family residence - () bedrm () bath () garage () Out building and garages w/slab - type | () Septic system test () Septic system construction () Retaining wall(s), type () Room addition(s), # type () Water well () Fence(s), type () Swimming pools, hot tubs () Building or structure w/I 10 ft of lot line () Driveway across city right of way () Other | | | |
| PERMIT PURPOSE: () Extend - patio, deck or carport, type | () Electric service | | | |
| SUPPORTING DOCUME | ENT REQUIREMENTS | | | |
| LCRA Septic System Permit | (yes) (no) attached () | | | |
| Certified Site Survey incl. construction plan, elevation, setbacks, lot lin | • , , , , , , , , , , , , , , , , , , , | | | |
| Most current site survey | (yes) (no) attached () | | | |
| Floodplain Certificate with FEMA elevations by surveyor/engineer | (yes) (no) attached () | | | |
| LCRA Floodplain Compliance Certificate by Flood Plain administrato | r (yes) (no) attached () | | | |
| Architectural plans & specifications showing exterior elevations, found & floor plans (2 sets required) | dation plans (yes) (no) attached () | | | |
| LCRA and/or FEMA shoreline or watershed construction permits | (yes) (no) attached () | | | |
| Variance approval or "grandfather" exclusion | (yes) (no) attached () | | | |
| Termite treatment certification | (yes) (no) attached () | | | |
| Asbestos survey (for public buildings – renovation/demolition) | (yes) (no) attached () | | | |
| Asbestos opinion/ MSDS review by licensed engineer/Registered arch | itect (public buildings) (yes) (no) attached () | | | |

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|---|---|--|---|--|--|
| INSPECTION | ON REQUIREMENTS | | | | |
| Termite (certificate required on new residence) | (vas) (no) (City) | (CI) | Date | | |
| Foundation | | (CI) | Date | | |
| Framing, bracing & roof | (yes) (no) (City) | (CI) | Date | | |
| Plumbing, electrical, mechanical rough-in | | (CI) | Date | | |
| LPC pressure test | | (CI) | Date | | |
| Final Building Inspection | | (CI) | Date | | |
| Final Lot Grading InspectionFinal as-built elevation survey & photos (FEMA) | | (CI) | Date Date | | |
| Occupancy Certificate | | (CI) | Date | | |
| Clean-up | | | Date | | |
| Note: CI = City Contract Inspector | | | | | |
| Inspector: Name | :: Name Phone # | | | | |
| INDEMNIFICATION A property development permit, when issued, does not imply the ownership is limited to examination of the latest on-hand version. Property owner or owners hereby indemnifies and hold harmless from any and all claims and damage, including court costs and of the property owner and/or contractors to comply with relevant Signature of applicant (must be property owner) (If owner has submitted signature authority for | on of the Burnet County Appraiss ss the City of Highland Haven, it attorney fees, that may result be nt building codes and/or city ord | al District s elected of cause of or inance req Da | property ownership rolls. officials, agents and appointees whership claims and from failure uirements. | | |
| Application received by (City Official) | | Da | te: | | |
| Minimum of 7 days processing time should be allowed for n | new residence and major remod | leling | | | |
| Contra | ctor Information | | | | |
| Primary Contractor: Name | | | | | |
| Co. Name | Pho | ne # | | | |
| Address | | | | | |
| Electrical Contractor: Name | Lice | ense # | | | |
| Co. Name | Pho | ne # | | | |
| Address | | | | | |
| Plumbing Contractor Name: | Lice | ense # | | | |
| Co. Name | Pho | ne # | | | |
| Address | | | | | |

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|---|---|---|---------|--|--|
| Mechanical Contractor Name: | | License # | | | |
| Co. Name | | Phone # | | | |
| | | | | | |
| Irrigation Contractor Name: | | License # | | | |
| Co. Name | | Phone # | | | |
| Address | | | | | |
| Water Well Drilling Contractor Name: | | License # | | | |
| Co. Name | | Phone # | | | |
| Address | | | | | |
| Water Well Pump Installer/Contractor Name: | | License # | | | |
| Co. Name | | Phone # | | | |
| co. Italie | | | | | |
| | | | | | |
| Address | NG TO BE COMPLETED BY C | | | | |
| AddressFOLLOWIN | | TTY OFFICIALS: | l date) | | |
| Address FOLLOWIN | NG TO BE COMPLETED BY C | TTY OFFICIALS: | · | | |
| Address FOLLOWIN | NG TO BE COMPLETED BY C | TTY OFFICIALS: (Expires 1 year from issue approva | · | | |
| Address FOLLOWING Approved Permit Disapproved Reason Appointed P&Z member (if required) | NG TO BE COMPLETED BY Control on for disapproval | Elected City Official | | | |
| Address FOLLOWING Approved Perman Disapproved Reason Appointed P&Z member (if required) | it # on for disapproval Elected City Official | Elected City Official | | | |
| Address FOLLOWING Approved Permain Disapproved Reason Appointed P&Z member (if required) Date: Disapproved | it # on for disapproval Elected City Official Date: | Elected City Official Date: | | | |
| Address FOLLOWING Approved Permain Disapproved Reason Appointed P&Z member (if required) Date: Three-Month Extension Approval: | it # on for disapproval Elected City Official Date: | Elected City Official Date: | | | |

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FEE RECORD All fees due upon permit approval

| Certificate of Occu | pancy – Approval | | | | _ Issue date | | |
|---------------------|------------------|---------------------|----------|-----|--------------|-----|--|
| Clean-up deposit re | turn - Approval | Date | \$ | | _ Date | Ck# | |
| Total | \$ | Date paid | | | | | |
| Clean-up deposit | \$ | | | Ck# | | | |
| Inspection fee | \$ | City Inspection (ye | es) (no) | Ck# | | | |
| Permit fee | \$ | | | Ck# | | | |

Additional comments: