APPENDIX A - MISCELLANEOUS PERMITS, APPLICATIONS, CHECKLISTS, AND FORMS

Figure 1 Inspection Types

SCHEDULE ON THE PHONE 512-480-0623 OR WEB: www.austintexas.gov

INSPECTION TYPES

BP = Building Permit	PP = Plumbing Permit	MP = Mechanical Permit	EP = Electrical Permit	DS = Sidewalk/ Driveway
100 Pre Construction 101 Layout 102 Foundation 103 Framing 104 Insulation 105 Wallboard 112 Final Building 111 Energy Final 108 TCO Stocking 109 TCO Occupancy 114 Continuance of Work* ***The following CANNOT be scheduled on the web or IVR*** **Pre-Const Meeting Environmental** Phone 512- 974-2278 **601 EV TCO Stocking** **600 EV TCO Occupancy** **602 Environmental Insp** **Landscaping Inspection** • North of the Colorado River 512-974-6486 • South of the Colorado River 512-974-6303 **603 Landscaping** **Fire Inspection** Phone 512-974-0160 press 1 **608 Fire TCO Occupancy** **607 Fire TCO Stocking** **609 Fire** **Water/Wastewater** Phone 512-972-0000 press 4 **610 AW Temp Utilities** **611 Water Tap** **Tree Inspection** Phone 512-974-1876 or 512-974-2680 **Health Inspection** Phone 512-972-5600 **Green Building Inspection** Phone 482-5376	500 Plumbing Rough 501 Plumbing Copper 502 Plumbing Top Out 503 Plumbing Gas Rough 504 Interior Water Line 505 Sewer Yard Line 506 Water Yard Line 507 Gas Yard Line 508 Fire Line Rough 509 Irrigation Rough 510 Sewer Tap 511 Grease Trap Rough 512 Medical Gas Rough 513 Medical Gas Top Out 516 Medical Gas Final 520 Temporary Gas Final 521 Final Plumbing 522 Plumbing TCO Occupancy 523 Plumbing TCO for Stocking 524 Boiler/Hot Water Heater Rough 526 OSSF Tank Abandonment 114 Continuance of Work*	400 Mechanical Rough 404 Cooler/Freezer Rough 402 Mechanical Vent 403 Stove Hood Rough 405 Final Mechanical 406 Mech TCO Occupancy 407 Mechanical TCO Stocking 408 Boiler Rough 409 Mechanical Temp Gas 114 Continuance of Work*	300 Electrical Slab 301 Electrical Rough 302 Electrical Grounding 303 Electrical Sign 305 Final Electric 304 Temporary Electric 306 Electrical TCO Occupancy 307 Electrical TCO Stocking 308 Abandoned Cable 114 Continuance of Work* *114 Continuance of Work – this inspection will extend the expiration date of any BMEP permit.	200 Pre-Construction 201 Sidewalk Pre-pour 202 Final Sidewalk 203 Driveway Pre-pour 204 Final Driveway 205 Curb/Gutter Pre-pour 206 Final Curb/Gutter 207 DS TCO Occupancy 208 DS TCO Stocking W = Water Tap Permit 626 Water Meter Inspection/Installation

City Code Chapter 25-12, Article 13: A permit expires on the 181st day if the project has not scheduled nor received an inspection. A "Cancelled" and/or "Failed/No Work Performed" inspection result does not extend the expiration date.

Figure 2 Subterranean Termite Report –HUD

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 04/30/2015)

This form is completed by the licensed Pest Control Company

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control company and builder, unless stated otherwise.

Section 1: General Information (Pest Control Company Information)

Company Name: _____

Company Address _____ City _____ State _____ Zip _____

Company Business License No. _____ Company Phone No. _____

FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name _____ Phone No. _____

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) _____

Section 4: Service Information

Date(s) of Service(s) _____

Type of Construction (More than one box may be checked) ☐ Slab ☐ Basement ☐ Crawl ☐ Other _____

Check all that apply:

☐ A. Soil Applied Liquid Termiticide
Brand Name of Termiticide: _____ EPA Registration No. _____
Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____ Treatment completed on exterior: ☐ Yes ☐ No

☐ B. Wood Applied Liquid Termiticide
Brand Name of Termiticide: _____ EPA Registration No. _____
Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____

☐ C. Bait system Installed
Name of System _____ EPA Registration No. _____ Number of Stations installed _____

☐ D. Physical Barrier System Installed
Name of System _____ Attach installation information (required)

Service Agreement Available? ☐ Yes ☐ No
Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments _____

Name of Applicator(s) _____ Certification No. (if required by State law) _____

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.

Authorized Signature _____ Date _____

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

form **HUD-NPMA-99-B** (08/2008)

Figure 3 Subterranean Termite Report –Texas

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Page 1 of 2

Inspected Address _____ City _____ Zip Code _____

SCOPE OF INSPECTION

A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.

B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). **Inspection does not cover any condition or damage which was not visible to or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.**

C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. **The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment, has rendered the pest(s) inactive.**

D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.

E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.

F. **THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.**

G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.

H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.

I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.

J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

1A. _____ 1B. _____
Name of Inspection Company — SPCS Business License Number

1C. _____
Address of Inspection Company — City — State — Zip — Telephone No.

1D. _____ 1E Certified Applicator [ ] (check one)
Name of Inspector (Please Print) — Technician [ ]

2. _____ 3. _____
Case Number (VA/FHA/Other) — Inspection Date

4A. _____ Seller [ ] Agent [ ] Buyer [ ] Management Co. [ ] Other [ ]_____
Name of Person Purchasing Inspection

4B. _____
Owner/Seller

4C REPORT FORWARDED TO: Title Company or Mortgagee [ ] Purchaser of Service [ ] Seller [ ] Agent [ ] Buyer [ ]
(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5. _____
List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

6A Were any areas of the property obstructed or inaccessible? Yes [ ] No [ ]
(Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.

6B The obstructed or inaccessible areas include but are not limited to the following:

Attic	[ ]	Insulated area of attic	[ ]	Plumbing Areas	[ ]	Planter box abutting structure	[ ]
Deck	[ ]	Slab Floors	[ ]	Slab Joints	[ ]	Crawl Space	[ ]
Soil Grade Too High	[ ]	Heavy Foliage	[ ]	Eaves	[ ]	Weepholes	[ ]
Other	[ ]	Specify _____					

7A Conditions conducive to wood destroying insect infestation: Yes [ ] No [ ]
(Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.

7B Conducive Conditions include but are not limited to:

		Wood to Ground Contact (G)	[ ]	Formboards left in place (I)	[ ]	Excessive Moisture (J)	[ ]
Debris under or around structure (K)	[ ]	Footing too low or soil line too high (L)	[ ]	Wood Rot (M)	[ ]	Heavy Foliage (N)	[ ]
Planter box abutting structure (O)	[ ]	Wood Pile in Contact with Structure (Q)	[ ]	Wooden Fence in Contact with the Structure (R)			[ ]
Insufficient ventilation (T)	[ ]	Other (C) [ ] Specify _____					

8 Inspection Reveals Visible Evidence in or on the structure:

	Active Infestation	Previous Infestation	Previous Treatment
8A Subterranean Termites	Yes [ ] No [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
8B Drywood Termites	Yes [ ] No [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
8C Formosan Termites	Yes [ ] No [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
8D Carpenter Ants	Yes [ ] No [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
8E Other Wood Destroying Insects Specify _____	Yes [ ] No [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]

8F Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: _____

8G Visible evidence of _____ has been observed in the following areas: _____

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

Licensed and Regulated by the Texas Department of Agriculture, Structural Pest Control Service,
PO Box 12847, Austin, Texas 78711-2847
(512) 305-8250

SPCS/T-4 (Rev. 09/01/07) Buyer's Initials_____

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

The conditions conducive to insect infestation reported in 7A & 7B:
9. Will be or has been mechanically corrected by inspecting company: Yes [ ] No [ ]
If "Yes," specify corrections:

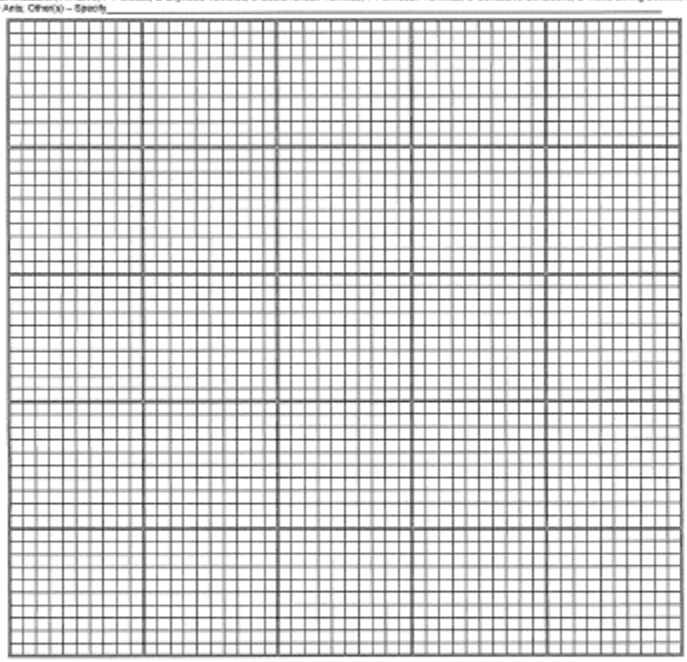
9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section II. (Refer to Part G, H, and I, Scope of Inspection) Yes [ ] No [ ]
9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows: Yes [ ] No [ ]
Specify reason:
Refer to Scope of Inspection Part J

10A. This company has treated or is treating this structure for the following wood destroying insects:
If treating for subterranean termites, the treatment was: Partial [ ] Spot [ ] Bait [ ] Other [ ]
If treating for drywood termites or related insects, the treatment was: Full [ ] Limited [ ]
10B. _____ _____ _____
Date of Treatment by Inspecting Company | Common Name of Insect | Name of Pesticide, Bait or Other Method

This company has a contract or warranty in effect for control of the following wood destroying insects:
Yes [ ] No [ ] List Insects:
If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E-Evidence of Infestation, A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) – Specify:



Additional Comments:

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.

Signatures:
11A. _____
Inspector

Approved:
11B. _____
Certified Applicator and Certified Applicator License Number

Notice of Inspection Was Posted At or Near
12A.
Electric Breaker Box [ ]
Water Heater Closet [ ]
Bath Trap Access [ ]
Beneath the Kitchen Sink [ ]
12B. Date Posted: _____
Date

Statement of Purchaser

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.
If additional information is attached, list number of pages: _____

Signature of Purchaser of Property or their Designee — Date

_____ _____

_____ _____

Figure 4 Residential Framing Checklist

FORM RFC878

RESIDENTIAL FRAMING CHECKLIST

Address:	
Permit:	
Inspector:	
Phone#	
Date:	

The following items are to be checked when non-compliant to the adopted Residential code and deficiencies listed in the comment sections. Non-applicable items will be marked N/A

WALLS

	N/A	Are approved COA plans on site with all trades complete? Required before inspection is performed	NO	YES

1		BORING / NOTCHING	top plate	studs	let-in	btm plate						
2		BRACING	3rd party verification	bracing	3rd party details							
3		COLUMN	material	size	attachment							
4		EGRESS	windows	doors	landings	hallways	sill height	fall protection				
5		FIREPLACE	fire-stopping	10/2	combustion air	support	cap	flashing & cricket				
6		EXTERIOR	lath	water resistive barrier	metal(brick)ties	weep screed	flashing					
7		FIRESTOPPING	stair stringe	pipes	chases	floor/ceiling	attic	chases	furdowns			
8		HEADERS/LINTELS	support	nailing	size	span						
9		SAFETY GLAZING	fixed glass	doors	stairs/landings	tub or shower	waters edge					
10		PLATES	anchorage	material								
11		ROOM DIMENSIONS	height	width								
12		SHEATHING/SIDING	nailing	supporting								
13		SMOKE DETECTOR	location	interconnection								
14		CO ALARMS	location	interconnection								
15		STAIRWAYS	headroom	height	landings	support	run	width	rise	overcut		
16		STUD SPACING	16" oc	height	24" oc	blocking						
17		WEATHER PROTECTION	windows	doors	flashing	water resistive barrier	sealed penetrations					

comments

FLOORS

18		BEAMS	hangers	nailing	support	rotation	size	span	decay resistive			
			load transfer									
19		BORING / NOTCHING	excessive	location								
20		TRUSSES	bearing	missing	draft stop	repair detail and approval	do not match layout plan					
			truss detail and layout plan on site	do not match layout plan								
21		DECKING	nailing	fire stopping	over span	support						
22		HANGERS/LEDGERS	missing	sizing	nailing	fastening	altered or damaged					
23		JOIST	over span	bearing	bracing	spacing	grade	decay resistive				

comments

sheet 1 of 2

ROOFS AND CEILING													
24		ATTIC ACCESS		size		location	clearance required						
25		BEAMS		support		rotation	over span		hangers		size	nailing	load transfer
26		BORING / NOTCHING		excessive		location							
27		DECKING		over span		nailing	support		radiant barrier				
28		TRUSSES		altered		attachment			repair detail and approval				missing
				do not match layout plan					truss detail and layout plans on site				
29		FLASHING		counter		valley	Z flashing		drip edge		roof flashing		
30		HANGERS/LEDGERS		missing		sizing	nailing		alter or damaged				
31		HIPS/VALLEYS/RIDGES		size		bearing			bracing				
32		JOIST		over span		grade	bearing		spacing		bracing		
33		PURLINS/COLLAR TIES		bearing		size	length		angle		strut	nailing	
34		RAFTERS		bearing		grade	over span		overcut				
35		VENTILATION		attic		crawl space			properly sized				
comments													
FIRE SEPARATION REQUIREMENTS													
36		TWO FAMILY DWELLING		1 hour rated assembly #					rated penetrations assembly #				
				fire stop system					approved assembly detail on site				
37		TOWNHOUSES		1 hour rated assembly #					rated penetrations assembly #				
				fire stop system					approved assembly detail on site				
38		EXTERIOR WALL LOCATION		fire rated assembly#					overhangs		projections		openings
				penetrations					approved assembly on site				
comments													
I hereby verify that I have inspected all applicable items for compliance with the adopted International Residential code and City of Austin ordinances. All non-applicable items have been marked with N/A. all items requiring corrections have been listed in the comment section. Inspectors signature:													
Type of License or registration: License or Registration#													

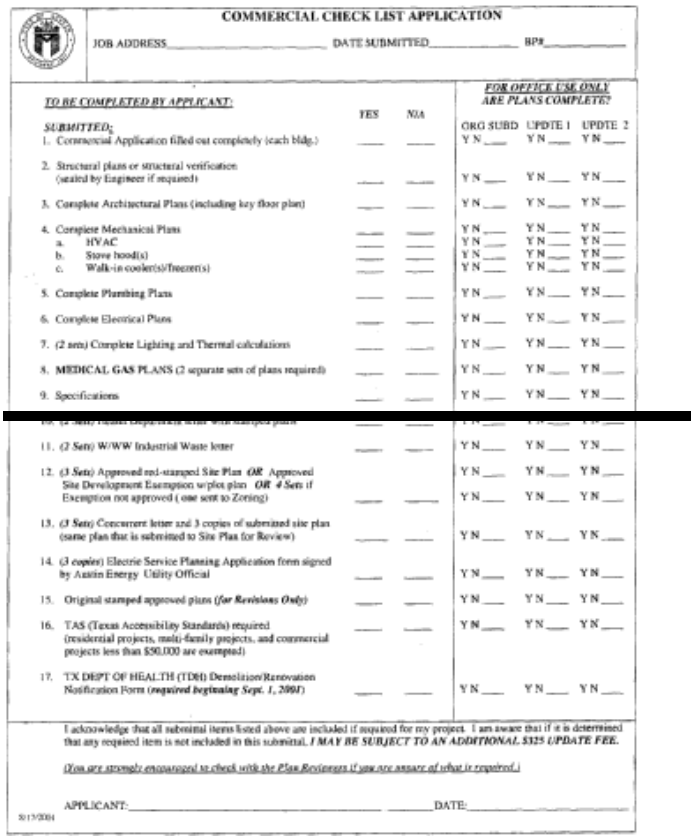
NOTE: This checklist is required for all new construction

~~1. MEC CHECK COMPLIANCE REPORT~~
~~1993 Model Energy Code~~
~~MEC Check Software Version 2.0 and 2.1~~
~~2. Conventional Energy Code Compliance Form~~
~~3. City of Austin Model Energy Code A-1 and Prescriptive Compliance Option~~
~~4. City of Austin Model Energy Code A-2 and Prescriptive Compliance Option~~
~~5. Commercial Energy Short Form (5,000 square feet or less)~~
~~6. Commercial Energy Code Compliance Form~~

~~APPENDIX B - FIGURES AND DIAGRAMS~~

~~FIGURES FROM SECTION 1~~

~~Figure 1-0 Commercial Application Checklist~~



COMMERCIAL CHECK LIST APPLICATION

JOB ADDRESS_____ DATE SUBMITTED_____ BP#_____

TO BE COMPLETED BY APPLICANT: *SUBMITTED:*	YES	N/A	*FOR OFFICE USE ONLY ARE PLANS COMPLETE?* ORG SUBD	UPDTE 1	UPDTE 2
1. Commercial Application filled out completely (each bldg.)	____	____	Y N ___	Y N ___	Y N ___
2. Structural plans or structural verification (sealed by Engineer if required)	____	____	Y N ___	Y N ___	Y N ___
3. Complete Architectural Plans (including key floor plan)	____	____	Y N ___	Y N ___	Y N ___
4. Complete Mechanical Plans	____	____	Y N ___	Y N ___	Y N ___
a. HVAC	____	____	Y N ___	Y N ___	Y N ___
b. Stove hood(s)	____	____	Y N ___	Y N ___	Y N ___
c. Walk-in cooler(s)/freezer(s)	____	____	Y N ___	Y N ___	Y N ___
5. Complete Plumbing Plans	____	____	Y N ___	Y N ___	Y N ___
6. Complete Electrical Plans	____	____	Y N ___	Y N ___	Y N ___
7. (2 sets) Complete Lighting and Thermal calculations	____	____	Y N ___	Y N ___	Y N ___
8. **MEDICAL GAS PLANS** (2 separate sets of plans required)	____	____	Y N ___	Y N ___	Y N ___
9. Specifications	____	____	Y N ___	Y N ___	Y N ___
11. *(2 Sets)* W/WW Industrial Waste letter	____	____	Y N ___	Y N ___	Y N ___
12. *(3 Sets)* Approved red-stamped Site Plan *OR* Approved Site Development Exemption w/plot plan *OR 4 Sets* if Exemption not approved (one sent to Zoning)	____	____	Y N ___	Y N ___	Y N ___
			Y N ___	Y N ___	Y N ___
13. *(3 Sets)* Concurrent letter and 3 copies of submitted site plan (same plan that is submitted to Site Plan for Review)	____	____	Y N ___	Y N ___	Y N ___
14. *(3 copies)* Electric Service Planning Application form signed by Austin Energy Utility Official	____	____	Y N ___	Y N ___	Y N ___
15. Original stamped approved plans *(for Revisions Only)*	____	____	Y N ___	Y N ___	Y N ___
16. TAS (Texas Accessibility Standards) required (residential projects, multi-family projects, and commercial projects less than $50,000 are exempted)	____	____	Y N ___	Y N ___	Y N ___
17. TX DEPT OF HEALTH (TDH) Demolition/Renovation Notification Form *(required beginning Sept. 1, 2001)*	____	____	Y N ___	Y N ___	Y N ___

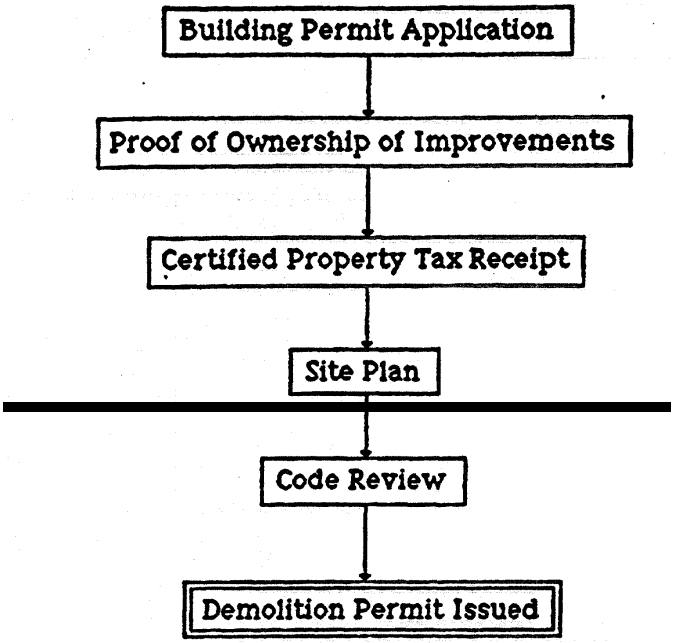
I acknowledge that all submittal items listed above are included if required for my project. I am aware that if it is determined that any required item is not included in this submittal, *I MAY BE SUBJECT TO AN ADDITIONAL $325 UPDATE FEE.*

(You are strongly encouraged to check with the Plan Reviewers if you are unsure of what is required.)

APPLICANT:_____ _____DATE:_____

3/17/2004

~~Figure 1-1 Demolition Permit Submittal Requirements~~



Land Development Code 25-1-82

Figure 1-2
Minimum 15 Days to Issuance
City of Austin
Watershed Protection and Development Review Department
Demolition/Relocation Permit Application

I, _____ *hereby apply for a permit to* _____demolish, _____ relocate the structure currently located at (A)_____ (if a location is proposed, new location will be (B)_____.)

PURPOSE OF DEMOLITION/RELOCATION:_____
_____

Site plan exemption/approval _____ is _____ is not attached.

This work _____ will _____ will not require use of City right of way.

I, the undersigned, hereby swear or affirm that the information provided above is true and correct to the best of my knowledge and is an accurate reflection of my intentions for the structure and/or the property. I understand that any omission or incorrect information herein will render this application and any permit obtained invalid.

Owner's Name _____

Owner's Signature _____

Owner's Address _____

Phone _____ Date _____

Sworn and subscribed to before me this _____ day of _____, 19__

_____

_____

Notary Public in and for the State of Texas.
My commission expires _____.

APPROVED FOR ISSUANCE _____

********** FOR STAFF USE ONLY **********

ZONING (A) _____ (B) _____ PLAT (A) _____ (B) _____
TAX PARCEL # (A)_____ (B) _____
TAX CERTIFICATE (A) _____ (B) _____ FLOOR PLAN _____ SITE PLAN _____
PROOF OF OWNERSHIP PROVIDED (A)_____ (B) _____

PLANNING APPROVAL _____
signature date

LEGAL DESCRIPTION (CURRENT)

LEGAL DESCRIPTION (PROPOSED)

NEIGHBORHOOD ASSN(S) (A)

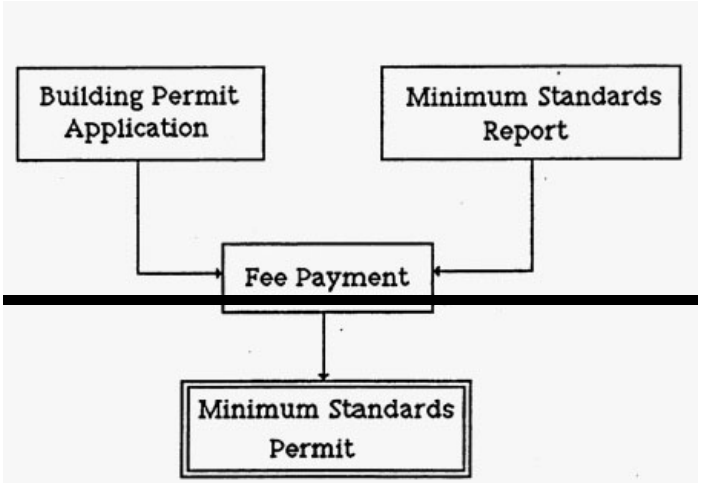
NEIGHBORHOOD ASSN(S) (B)

CONTIGUOUS PROPERTY OWNERS

(A)

(B)

~~Figure 1-3 Submittal Requirements for Minimum Standard Permit~~



Land Development Code 13-1-31

Figure 1-3A
Checklist For Issuance Of
Occupancy Load Card

DATE: _____

PROJECT ADDRESS: _____

PROJECT NAME: _____

WHAT TYPE OF BUSINESS: _____

YES NO 1. A copy of certificate of occupancy for the business requesting the occupancy load card.

YES NO 2. Proper floor plan of each of the respective buildings.

YES NO a. Delineating use of occupancy categories of various portions of the building.

YES NO b. Floor plan to scale (1/4" or 1/8" = 1').

YES NO c. Seating layout with fixed seating delineated.

YES NO d. Location of required exits.

~~YES NO e. Exit signage, panic hardware, swing of door delineated~~

YES NO 3. An occupancy load card will be issued if the following exists:

YES NO a. Required exits are half the diagonal of the area served or in compliance with the adopted code at time of initial construction of the building.

YES NO b. Required exits doors swing in the correct direction.

YES NO c. Required exits do not exit through adjoining rooms where prohibited by 3303(e).

YES NO d. Required exits have locks, latches and panic hardware required by Section 3304 of the Building Code.

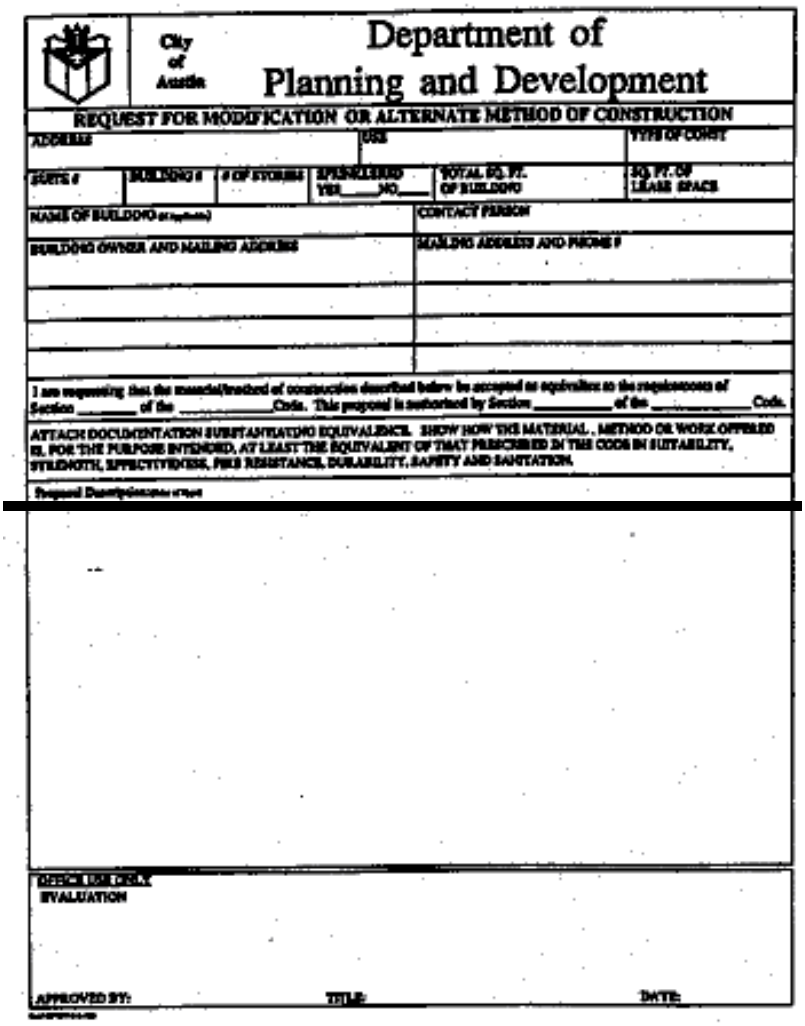
YES NO e. Exit signage is provided in accordance with Section 3313 and 3314 of the Building Code.

NAME:_____ SIGNATURE:_____

TELEPHONE NUMBER:_____ DATE: _____

REVIEWED BY: _____

~~**Request for Modification or Alternate Method of Construction**~~



City of Austin

Department of Planning and Development

REQUEST FOR MODIFICATION OR ALTERNATE METHOD OF CONSTRUCTION

ADDRESS | USE | TYPE OF CONST

SUITE # | BUILDING # | # OF STORIES | SPRINKLERED YES ___ NO ___ | TOTAL SQ. FT. OF BUILDING | SQ. FT. OF LEASE SPACE

NAME OF BUILDING (if applicable) | CONTACT PERSON

BUILDING OWNER AND MAILING ADDRESS | MAILING ADDRESS AND PHONE #

I am requesting that the material/method of construction described below be accepted as equivalent to the requirements of Section _____ of the _____ Code. This proposal is authorized by Section _____ of the _____ Code.

ATTACH DOCUMENTATION SUBSTANTIATING EQUIVALENCE. SHOW HOW THE MATERIAL, METHOD OR WORK OFFERED IS, FOR THE PURPOSE INTENDED, AT LEAST THE EQUIVALENT OF THAT PRESCRIBED IN THE CODE IN SUITABILITY, STRENGTH, EFFECTIVENESS, FIRE RESISTANCE, DURABILITY, SAFETY AND SANITATION.

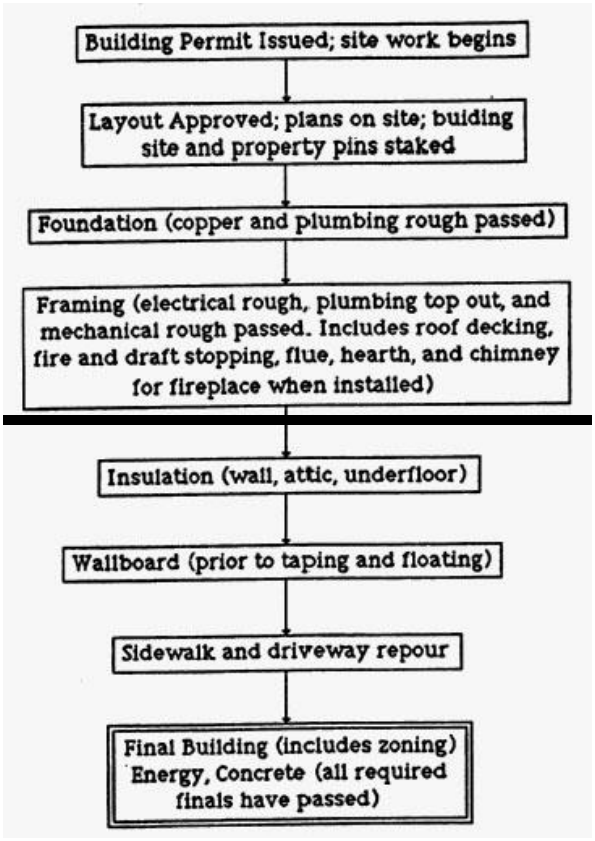
Proposed Deviation (Section of Code)

OFFICE USE ONLY

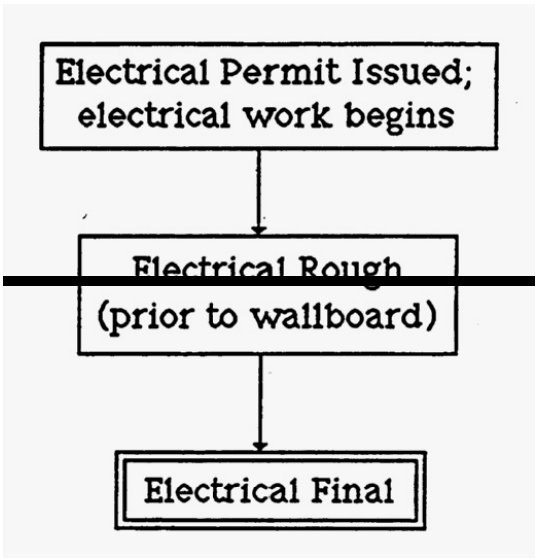
EVALUATION

APPROVED BY: TITLE: DATE:

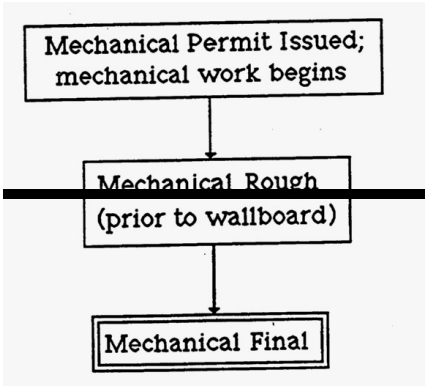
~~Figure 1-4 Required Building Inspections~~



~~Figure 1-5 Required Electrical Inspections~~



~~Figure 1-6 Required Mechanical Inspections~~



~~Figure 1-7 Required Plumbing Inspections~~

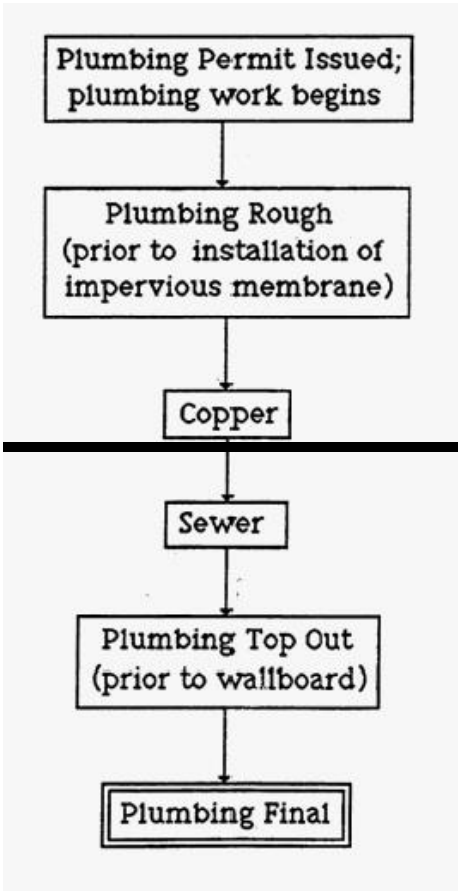


Figure 1-8
Watershed Protection and Development Review Department
Flood Plain Information Request Form

TO BE COMPLETED BY REQUESTER:

DATE: _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: Lot: _____ Block: _____ Phase: _____

Section: _____ Subdivision Name: _____

DATE OF CONSTRUCTION (YEAR): _____

NAME OF COMPANY: _____

ADDRESS: _____

REQUESTED BY: _____

After completion, please mail to Flood Plain Management Division, City of Austin Watershed Protection and Development Review Department, 505 Barton Springs Road, Suite 900, Austin, Texas 78704.

INFORMATION TO BE PROVIDED BY CITY OF AUSTIN:(DO NOT WRITE BELOW THIS LINE)

Flood Zone: _____(See definitions below.)
Panel #: _____
Base Flood Elevation: _____
Office Use Only
MM _____ Panel _____ Plat _____

Additional Comments: _____

****

Flood Zone "A", "A1-A30" - 100-year flood plain (designated flood hazard area, having a 1% chance of occurring during any year).

Flood Zone "B" - 500-year flood plain (areas of moderate flooding potential, having a .2% chance of occurring during any year).

Flood Zone "C" - Undefined areas or areas of minimal flooding not located in the 100 year or 500 year flood plain, according to the Federal Flood Insurance Rate Maps dated 9/2/81.

Figure 1-9
Watershed Management Division
Flood Plain Review for Commercial Development

NAME OF PROJECT: _____

ADDRESS: _____

____ APPROVED

____ DENIED - Proposed structure located within 100-year flood plain as per City of Austin flood plain information

____ Lowest finished floor to be one (1) foot above existing or finished grade in order to drain stormwater away from foundation

____ Lowest finished floor to be two (2) feet above 100-year flood plain as per amended flood plain ordinance of September 1983 (downtown exemption)

Comments: _____

_____

_____

For further information, contact Watershed Management at 974-7110.

_____ _____

Signed Date

Figure 1-10 Temporary Tent Permits

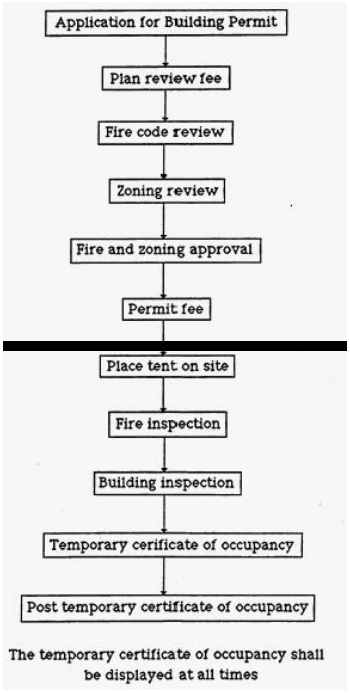


Figure 1-11 Temporary Service Agreement

Austin, Texas

_____
Date

City of Austin
Watershed Protection and Development Review Department
Electric Inspection Division
Austin, Texas

Gentleman:

It is requested that permission be granted to have the electric/gas service turned on for construction and testing purposes only in the building now under construction at _____, Permit # _____, for _____ days.

It is understood and agreed that this temporary service will be void after _____ days and that the building under construction will not be occupied until a final inspection has been called for and a Certificate of Occupancy issued. In the event that the building is occupied prior to the issuance of a Certificate of Occupancy, I am and do herewith acknowledge that electric/gas service may be terminated without notification.

If this is granted we/I will accept full responsibility and liability for the damage that may occur in regard to the turning on of this electric/gas service until the final inspection and a Certificate of Occupancy issued.

Owner Signature: _____
Address: _____
_____
Telephone Number: _____

Contractor's Signature: _____
Address: _____
_____
Telephone Number: _____

STATE OF TEXAS

COUNTY OF TRAVIS

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument, and acknowledged to me that/he executed the same and that the information contained therein is true and correct.

Subscribed and sworn to before me this _____ day of _____, A.D., 19___.

_____
Notary In and For Travis County, Texas

Figure 1-12 Hazardous Materials Storage Questionnaire Construction or Issuance of Certificate of Occupancy

DATE: _____

PROJECT ADDRESS: _____
PROJECT NAME: _____
WHAT TYPE OF BUSINESS: _____
OCCUPANCY TYPE: _____

In order to properly determine the occupancy type for the facility for which you are requesting a building permit, please indicate if you plan on storing any of the following materials:

YES NO FLAMMABLE/COMBUSTIBLE LIQUIDS-examples: Gasoline, paint/paint thinners, aerosol spray cans, alcohol, kerosene, naphtha, acetone and any other liquid that is labeled as either "flammable" or "combustible". IF YES LIST TYPE AND QUANTITY _____/ _____.

YES NO CORROSIVE LIQUIDS-examples: Sulfuric acid (battery acid), hydrochloric acid (muriatic acid), ammonium hydroxide, sodium hydroxide (liquid caustics) and any other liquid that is labeled as "corrosive". IF YES LIST TYPE AND QUANTITY _____/ _____.

YES NO OXIDIZERS-examples: Calcium hypochlorite (bleach), sodium dichloro-s-triazinetrione (pool chlorine) and any other material labeled as being "oxidizers". IF YES LIST TYPE AND QUANTITY _____/ _____.

YES NO COMPRESSED GASES-examples: Oxygen, acetylene, nitrous oxide, LPG. NOTE: inert gases such as nitrogen and argon are exempted unless stored as cryogenic liquid. Carbon dioxide is exempted in either state. IF YES LIST TYPE AND QUANTITY _____/ _____.

YES NO CRYOGENIC LIQUIDS-examples: Liquid oxygen, liquid hydrogen, liquid argon, liquid nitrogen. IF YES LIST TYPE AND QUANTITY _____/ _____.

YES NO TOXIC MATERIALS-examples: Pesticides, herbicides, laboratory chemicals and any other materials labeled as "toxic". IF YES LIST TYPE AND QUANTITY _____/_____.

Please note that the materials anticipated to be stored at the permitted facility may be products containing one or more of the type of materials/ chemicals listed above. For any questions regarding the hazard classification of materials contact the Hazardous Materials Section of the Fire Department at 443-0976.

NAME: _____ SIGNATURE: _____
TELEPHONE NUMBER: _____ DATE: _____
DATE OF TRANSMITTAL TO AFD/HM: _____ REVIEWER: _____

Building Code 25-12-1 Chapter 9

~~Figure 1-13 City of Austin — Watershed Protection and Development Review Department Permit Routing Form - Comments Sheet~~

CONTROL NUMBER _____

APPLICATION DATE _____

ADDRESS _____ ACCEPTED _____

BUILDING _____ SUITE _____ FLOOR _____ REJECTED _____

REVIEWING ORGANIZATION _____

DATE RECEIVED _____ DATE COMPLETED _____

PROPOSED OCCUPANCY _____

COMMENTS	DATE	REVIEWER

Figure 1-14 Exterior Stairwells Examples (drawing below)

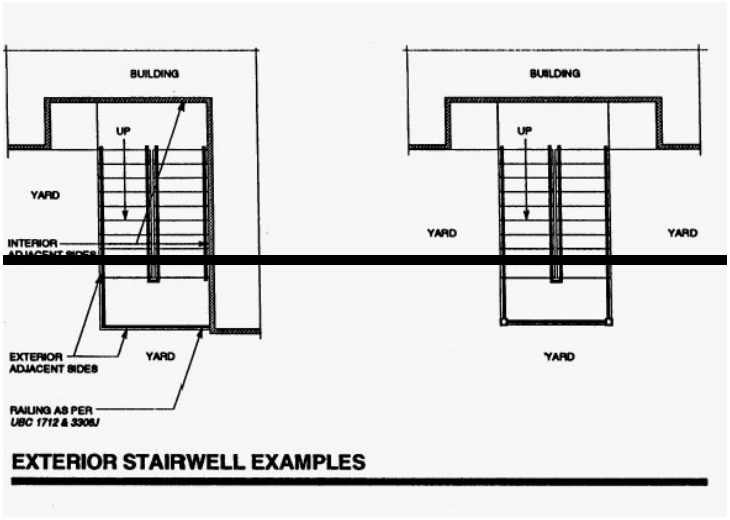


Figure 1-15 Insulation Inspection Checklist

INSULATION

( ) 1. Wall Insulation

- ( ) a. R-13 Required or
- ( ) b. Per Specifications

( ) 2. Seal/Caulk

- ( ) a. Sole plates
- ( ) b. Top plates
- ( ) c. Doors
- ( ) d. Windows
- ( ) e. Corner
- ( ) f. Tees
- ( ) g. Exterior Wall Penetrations

( ) 3. Remove vapor barriers at firestop and concealed spaces

( ) 4. Double Glazing

- ( ) a. Exceeds 16% of total wall area for double pane and 8% for single pane
- ( ) b. Glazing exceeds specifications

( ) 5. Attic, floor, and knee wall insulation

- ( ) a. R-25 required
- ( ) b. Per specifications

( ) 6. Vaulted ceiling insulation

- ( ) a. R-25 required
- ( ) b. Per specification

( ) 7. Radiant barrier system

- ( ) a. Air space required
- ( ) b. Per specification

( ) 8. Baffles

- ( ) a. Missing
- ( ) b. Damaged
- ( ) c. Obstructed

( ) 9. Duct insulation

- ( ) a. R-5 required in attic
- ( ) b. R-4 between floors
- ( ) c. Per specification

INSULATION (Cont'd)

( ) 10. Sealing of duct connections

( ) a. Ductboard, UC181AP tape or UL181AM mastic
( ) b. Flex, UL181BFX tape, or UL181AM mastic

( ) 11. Sealing of plenum

( ) a. Return
( ) b. Supply

( ) 12. Water Heaters Required

( ) a. Heat pump
( ) b. Heat recovery
( ) c. Solar
( ) d. Gas

( ) 13. Heat required

( ) a. Heat pump
( ) b. Gas fired furnace
( ) c. Wall heater

( ) 14. Under Floor Insulation

( ) a. R-13 required
( ) b. Per specifications
( ) c. R-25 if not underpinned

COMMENTS:_____

_____

_____

BA - BATHROOM
MBR - MASTER BEDROOM
FAM - FAMILY ROOM
LR - LIVING ROOM
PLA - PLAY ROOM
F/P - FIREPLACE
BT - BATHTUB/SHOWER

MBA - MASTER BATHROOM
DIN - DINING ROOM
G - GARAGE
MC - MECHANICAL CLOSET
S - STUDY
A - ATTIC
WHC - WATER HEATER CLOSET

BR - BEDROOM
E - ENTRY
K - KITCHEN
O - OFFICE
UTL - UTILITY ROOM
C - CRAWL SPACE

ENERGY FINAL

( ) 1. Solar screens at 0.505SC or low E glass at 0.43 SHGC or less

- ( ) a. East
- ( ) b. West
- ( ) c. South
- ( ) d. Per specifications

( ) 2. Attic insulation

- ( ) a. R-25 required
- ( ) b. Per specifications

( ) 3. Attic insulation blocking vents, baffles

( ) 4. Gaskets/caulk/weather-stripping

- ( ) a. Doors
- ( ) b. Exterior wall penetrations
- ( ) c. Water heater closet
- ( ) d. Furnace closets
- ( ) e. Attic access

( ) 5. Sealing of plenum

- ( ) a. Return
- ( ) b. Supply

( ) 6. Sealing of duct connections

( ) 7. Water Heaters Required

- ( ) a. Heat pump
- ( ) b. Heat recovery
- ( ) c. Solar
- ( ) d. Gas

( ) 8. Heat Required

- ( ) a. Heat pump
- ( ) b. Gas fired furnace
- ( ) c. Wall heater

( ) 9. Under Floor

- ( ) a. R-13 required
- ( ) b. Per specifications
- ( ) c. R-25 if not underpinned

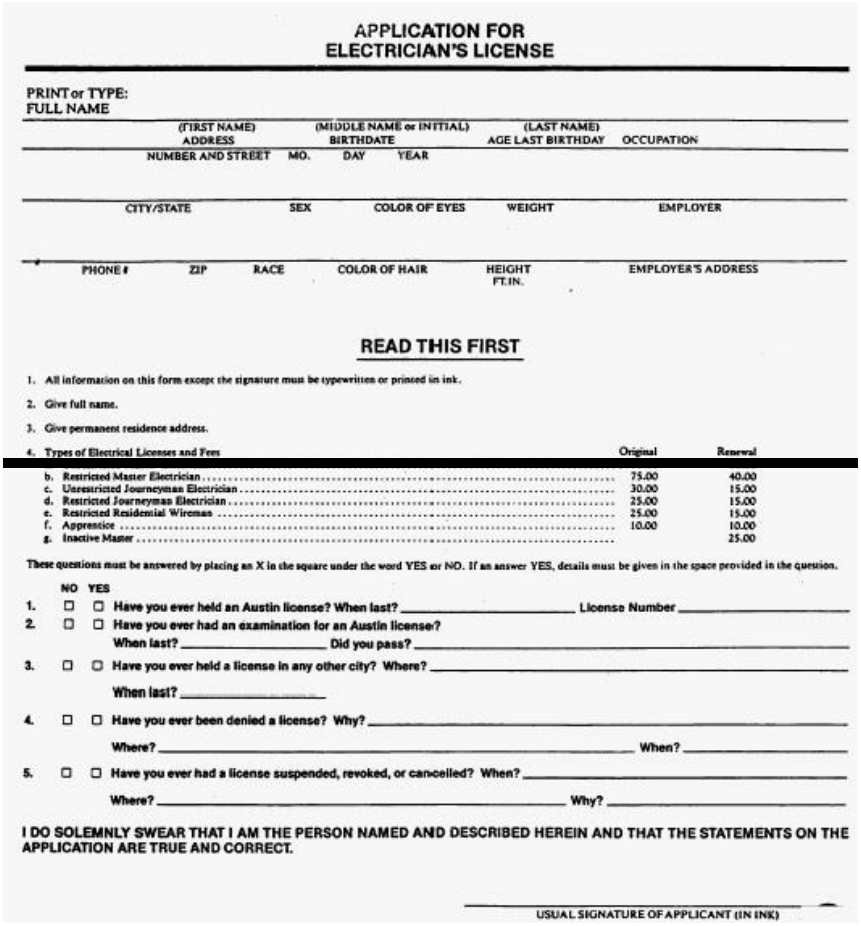
COMMENTS:_____

_____

BA - BATHROOM	MBA - MASTER BATHROOM	BR - BEDROOM
MBR - MASTER BEDROOM	DIN - DINING ROOM	E - ENTRY
FAM - FAMILY ROOM	G - GARAGE	K - KITCHEN
LR - LIVING ROOM	MC - MECHANICAL CLOSET	O - OFFICE
PLA - PLAY ROOM	S - STUDY	UTL - UTILITY ROOM
F/P - FIREPLACE	A - ATTIC	C - CRAWL SPACE
BT - BATHTUB/SHOWER	WHC - WATER HEATER CLOSET	

~~FIGURES FROM SECTION 4~~

~~Figure 4-1 Application for Electrician's License~~



APPLICATION FOR
ELECTRICIAN'S LICENSE

PRINT or TYPE:
FULL NAME (FIRST NAME) (MIDDLE NAME or INITIAL) (LAST NAME) AGE LAST BIRTHDAY OCCUPATION

ADDRESS NUMBER AND STREET BIRTHDATE MO. DAY YEAR

CITY/STATE SEX COLOR OF EYES WEIGHT EMPLOYER

PHONE # ZIP RACE COLOR OF HAIR HEIGHT FT. IN. EMPLOYER'S ADDRESS

READ THIS FIRST

1. All information on this form except the signature must be typewritten or printed in ink.
2. Give full name.
3. Give permanent residence address.
4. Types of Electrical Licenses and Fees

	Original	Renewal
b. Restricted Master Electrician	75.00	40.00
c. Unrestricted Journeyman Electrician	30.00	15.00
d. Restricted Journeyman Electrician	25.00	15.00
e. Restricted Residential Wireman	25.00	15.00
f. Apprentice	10.00	10.00
g. Inactive Master		25.00

These questions must be answered by placing an X in the square under the word YES or NO. If an answer YES, details must be given in the space provided in the question.

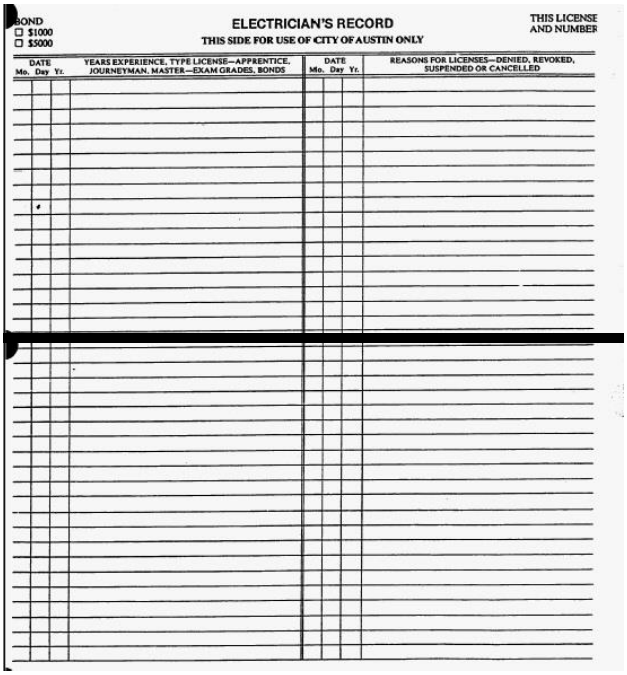
NO YES

1. ☐ ☐ Have you ever held an Austin license? When last? _____ License Number _____
2. ☐ ☐ Have you ever had an examination for an Austin license?
   When last? _____ Did you pass? _____
3. ☐ ☐ Have you ever held a license in any other city? Where? _____
   When last? _____
4. ☐ ☐ Have you ever been denied a license? Why? _____
   Where? _____ When? _____
5. ☐ ☐ Have you ever had a license suspended, revoked, or cancelled? When? _____
   Where? _____ Why? _____

I DO SOLEMNLY SWEAR THAT I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THE APPLICATION ARE TRUE AND CORRECT.

USUAL SIGNATURE OF APPLICANT (IN INK)

Figure 4-2 Electrician's Record



BOND
☐ $1000
☐ $5000

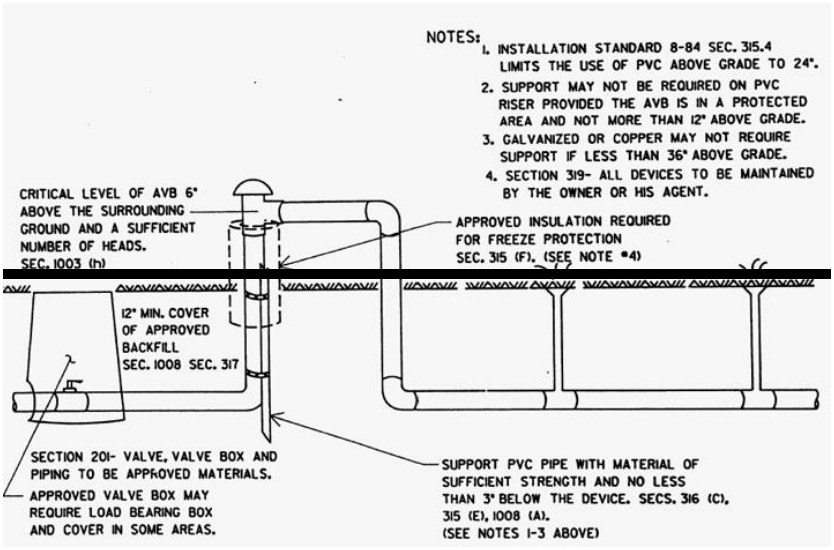
ELECTRICIAN'S RECORD
THIS SIDE FOR USE OF CITY OF AUSTIN ONLY

THIS LICENSE AND NUMBER

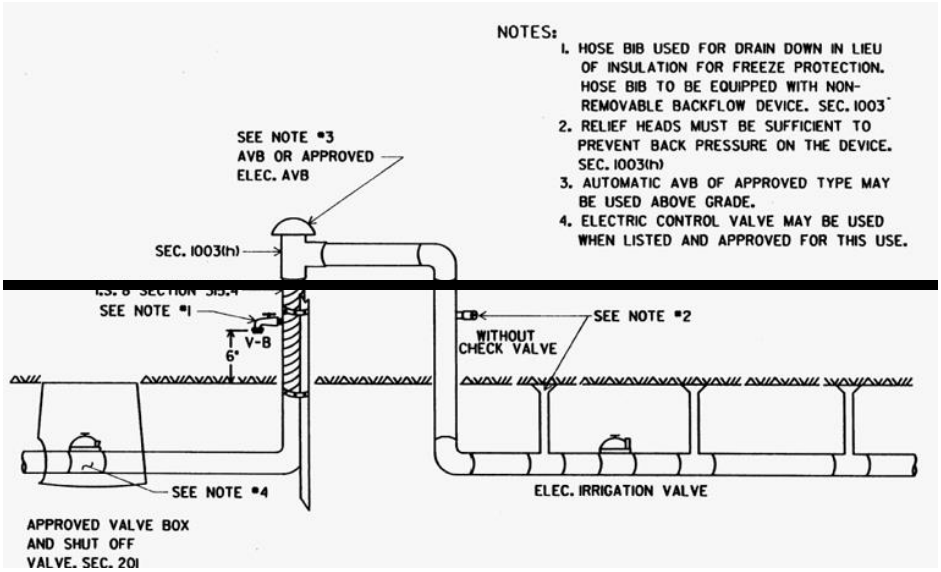
DATE Mo. Day Yr.	YEARS EXPERIENCE, TYPE LICENSE—APPRENTICE, JOURNEYMAN, MASTER—EXAM GRADES, BONDS	DATE Mo. Day Yr.	REASONS FOR LICENSES—DENIED, REVOKED, SUSPENDED OR CANCELLED

~~DIAGRAMS FROM SECTION 5~~

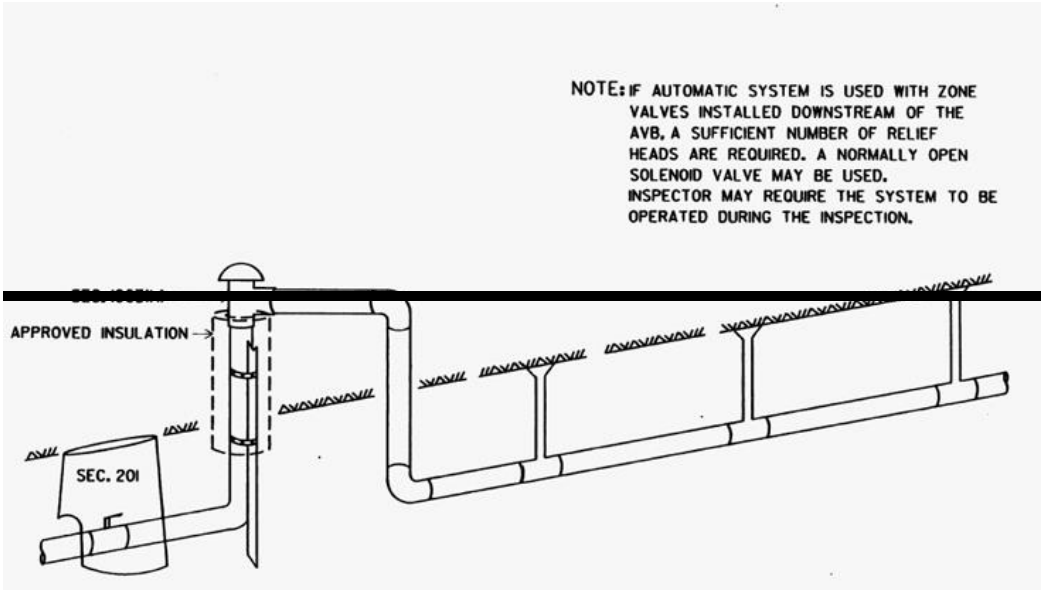
~~Diagram No. 1 Typical AVB Device~~



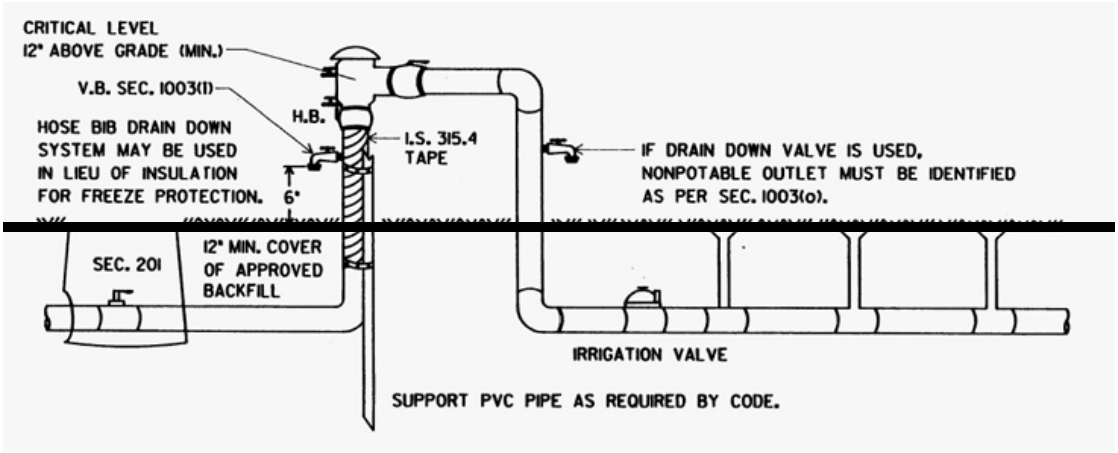
~~Diagram No. 2 Typical AVB Device~~



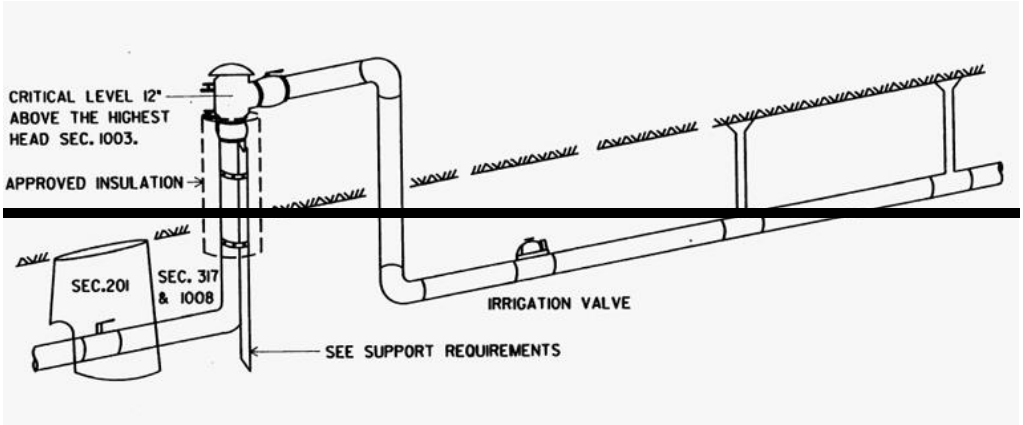
~~Diagram No. 3 Typical AVB Device~~



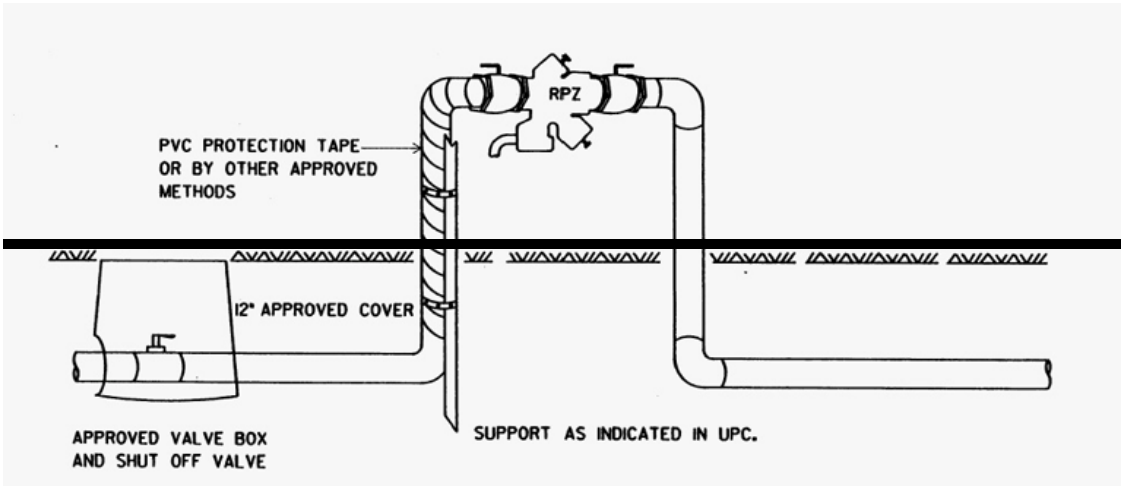
~~Diagram No. 4 Typical PVB Level Grade~~



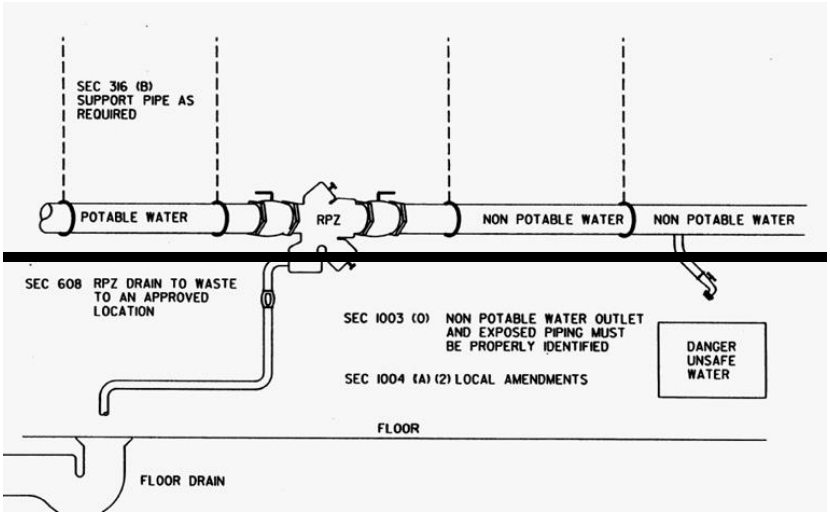
~~Diagram No. 5 Typical PVB~~



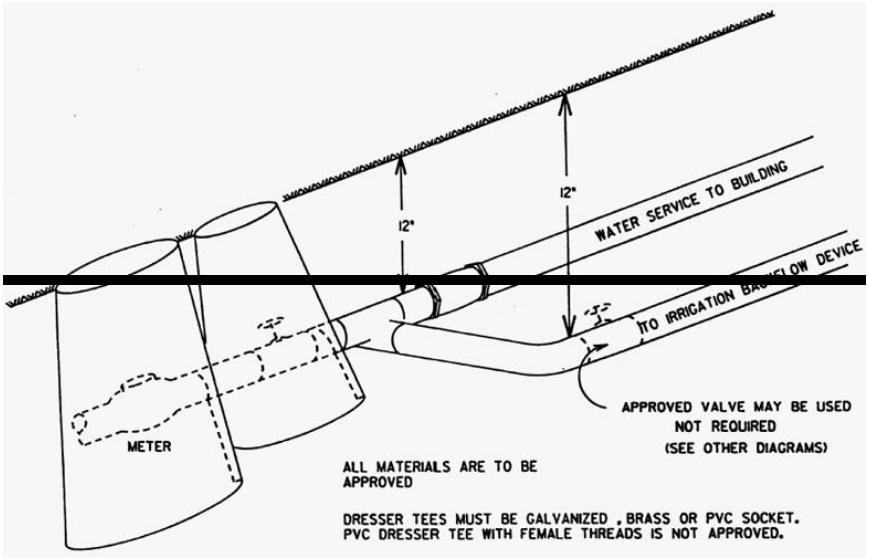
~~Diagram No. 6 Typical Reduced Pressure Zone Device~~



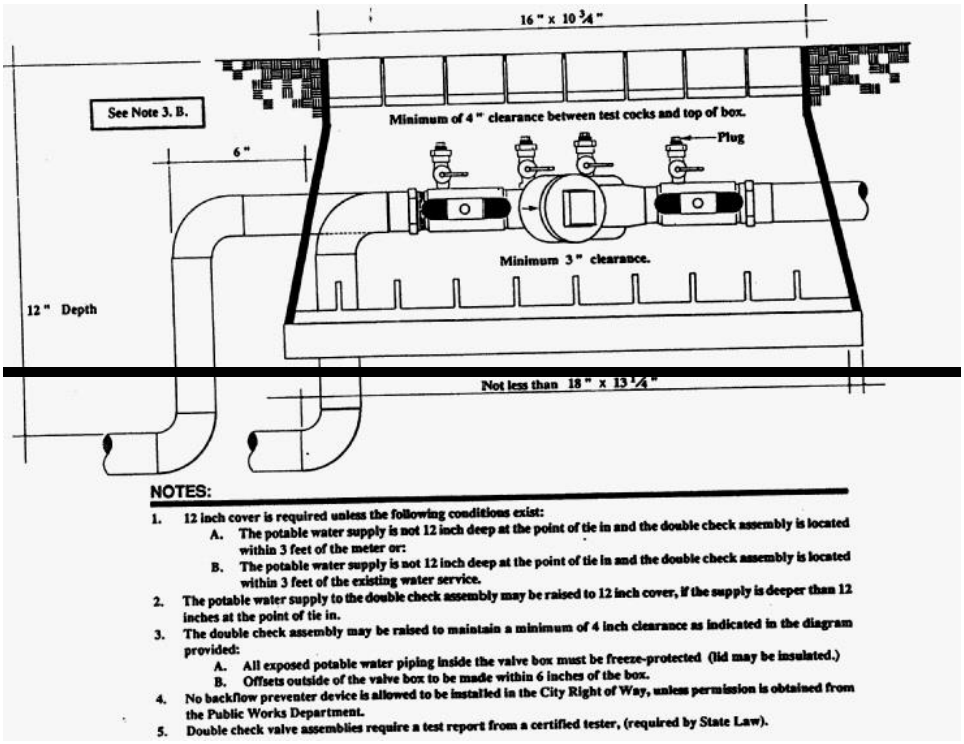
~~Diagram No. 7 Typical Exposed System~~



~~Diagram No. 8 Typical Connection (to Potable Water Service)~~



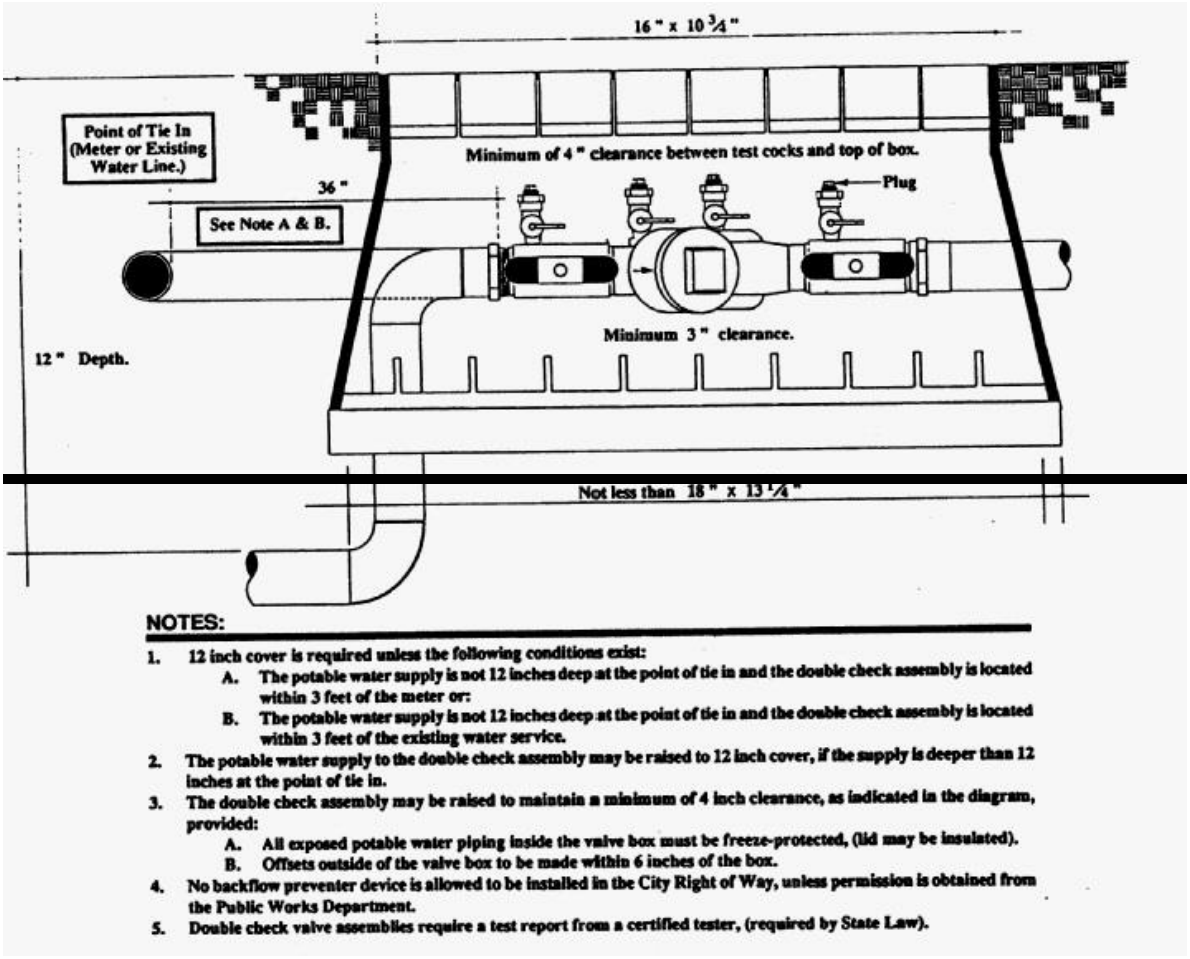
~~Diagram No. 9 Double Check Valve Assembly~~



NOTES:

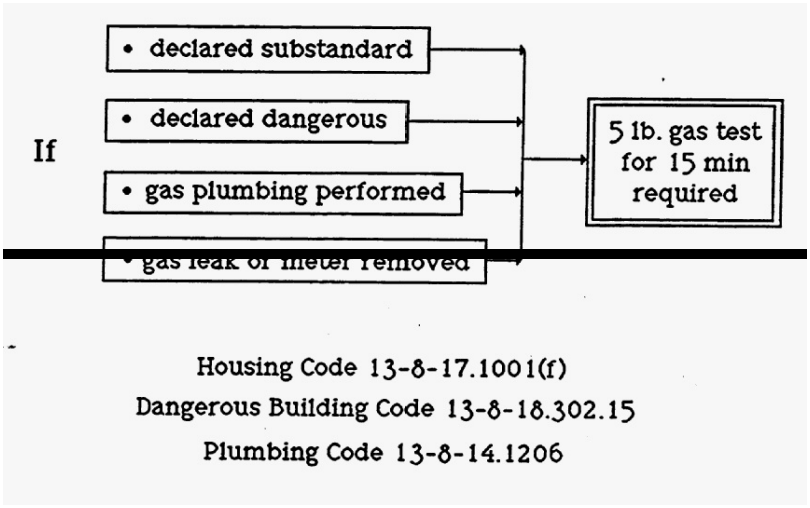
1. 12 inch cover is required unless the following conditions exist:
   - A. The potable water supply is not 12 inch deep at the point of tie in and the double check assembly is located within 3 feet of the meter or:
   - B. The potable water supply is not 12 inch deep at the point of tie in and the double check assembly is located within 3 feet of the existing water service.
2. The potable water supply to the double check assembly may be raised to 12 inch cover, if the supply is deeper than 12 inches at the point of tie in.
3. The double check assembly may be raised to maintain a minimum of 4 inch clearance as indicated in the diagram provided:
   - A. All exposed potable water piping inside the valve box must be freeze-protected (lid may be insulated.)
   - B. Offsets outside of the valve box to be made within 6 inches of the box.
4. No backflow preventer device is allowed to be installed in the City Right of Way, unless permission is obtained from the Public Works Department.
5. Double check valve assemblies require a test report from a certified tester, (required by State Law).

~~Diagram No. 10 Double Check Valve Assembly~~

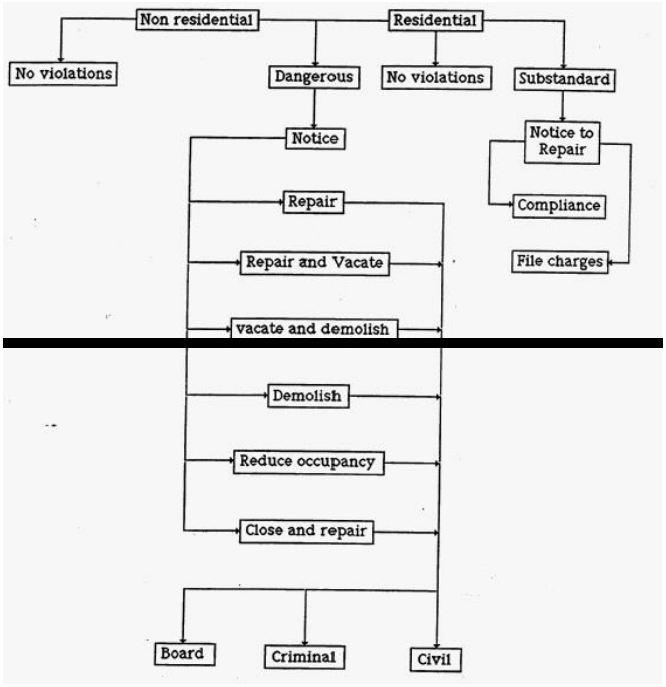


~~FIGURES FROM SECTION 6~~

~~Figure 6-1 Gas Test Requirements~~



~~Figure 6-2 Enforcement of Housing and Dangerous Building Codes~~



~~FIGURES FROM~~ ~~SECTION 7~~

Figure 7-1 Participation Request Form

GREEN BUILDING Program

Reference#:_____
GBP Rep.:_____

Participation Request

Business/Company submitting request: _____

Mailing Address:_____ Zip code:_____

Contact person:_____ Phone:_____ E-mail:_____

Project Name:_____

Project Address:_____ Zip code:_____

Project Primary Contact:_____

Phone:_____ E-mail:_____ Fax:_____

Project Secondary Contact:_____ Phone:_____ E-mail:_____

Primary use of building(s):

[ ] Office [ ] Church [ ] Retail [ ] Warehouse [ ] Hotel/Motel [ ] School [ ] Restaurant
[ ] Grocery [ ] Health Care [ ] Manufacturing
[ ] Mixed Use (describe):_____
[ ] Multi-family (describe):_____

Type of construction and size: Total square feet:_____ # of Floors:_____ # of Units:_____

[ ] New building [ ] Remodel [ ] Addition [ ] Finish-out [ ] Shell only

Participation with other Programs / Certifications:

[ ] Smart Growth [ ] Smart Housing [ ] LEEDTM

Project's estimated completion date:_____

Current status:

[ ] Programming [ ] Schematic Design [ ] Design Development [ ] Construction

Project Team Members:

Project Manager:_____ Phone:_____ E-mail:_____

Architectural firm:_____
Contact person:_____ Phone:_____ E-mail:_____

Mechanical Engineering firm:_____
Contact person:_____ Phone:_____ E-mail:_____

Electrical Engineering firm:_____
Contact person:_____ Phone:_____ E-mail:_____

Landscape Architectural firm:_____
Contact person:_____ Phone:_____ E-mail:_____

General Contracting firm:_____
Contact person:_____ Phone:_____ E-mail:_____

Authorized Signature:_____ **Date:**_____