# City of Bandera

511 Main Street Bandera, Texas 78003 Phone: (830) 796-3765 Fax: (830) 796-4247

### Residential: Electrical – Plumbing – Mechanical

The City of Bandera adopted the 2012 International Building, Residential, Plumbing, Mechanical, Fuel / Gas and Energy Conservation Codes and the 2014 National Electrical Code.

#### When is a permit needed:

- Electrical Upgrades/ Repairs A permit is required for all service upgrades, service repairs or circuit replacements.
- Plumbing Upgrades/ Repairs A permit is required when a gas line is added, replaced or repaired, installing gas logs inside your fireplace, replacing a gas or electric water heater, adding a water softener to your home or sprinkler system, replacing water and sewer lines.
- Irrigation Systems A permit is required for the installation or repair of all residential irrigation systems. An approved backflow device must be installed with each sprinkler system and a backflow test report must be submitted to the city.
- Mechanical Upgrades/ Repairs A permit is required when an air conditioner or furnace is installed or replaced.

What is needed to obtain a permit? A plan review is not required, but a permit fee is due upon permit issuance.

Submittal documents: Fill out a Residential permit application and Contractor Registration.

Inspections

Request an inspection from Bureau Veritas. Inspections received by 5:00 p.m. Monday - Friday will be performed the next business day.

Phone: toll free (877) 837-8775

Fax: toll free (877) 837-8859

Can also be emailed to: inspectionstx@us.bureauveritas.com

All Electrical, Plumbing, Irrigation and Mechanical work described above require an inspection and Contractor Registration.

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### Residential Permit Application

Building Permit Numbe	r:				Valuation:			
Project Address:			<u></u>		۔ :Zoning District			
_	District	Subdivision:						
Lot:	Block:	Supulvision:		<u>,</u>				
Project Description:	NEW SFR PLUMBING Y BUILDING		EL/ADDITION ECHANICAL IRRIGATION		SPECIFY OTHER: ELECTRICAL SWIMMING POOL		EMO 🗆	
Description of Work:		_						
Area Square Feet:		Covered						
Living:	Garage:	Porch:		Total:		Number of sto	ries:	
IS THIS PROPERTY IN A FLOODPLAIN: ☐ Yes ☐ No If yes, provide Flood Plain Certificate								
Owner Information:								
Name:		Contact Person:						
Address:								
Phone #	:	Mobile #:			Email:			
General Contractor		Contact Person	-	hone Numb	oer	Contractor Lice	nse Number	
Mechanical Contractor		Contact Person	F	Phone Numb	per	Contractor Lice	nse Number	
Electrical Contractor		Contact Person	F	Phone Numl	ber	Contractor Lice	nse Number	
Plumber/Irrigator	***************************************	Contact Person	i i i	hone Num	ber	Contractor Lice	ense Number	
TPO Energy Provider		Contact Person		Phone Num	ber	Contractor Lice	ense Number	
A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require 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 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.								
Signature of Applicant		Date:						
OFFICE USE ONLY	<b>':</b>							
Approved by	/:\		Date app	oroved:				
Building Permit Fee:			Total Permit Fees:					
Plan Review Fee:				Received By:				
Plumbing Permit Fee:					Date:			
Electric P		-		DVD 1 .1."				
Mechanical Permit Fee:			BV Project #:					

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#### **CONTRACTOR REGISTRATION FORM**

TYPE OF CONTRACTOR LICENSE							
ELECTRICAL CO MASTER ELECT JOURNEYMAN E	RICIAN LECTRICIAN		MECHANICAL (HVAC) IRRIGATOR (LANDSCAPE)				
MASTER SIGN ELECTRICIAN			BACKFLOW (special form required)				
MASTER PLUMBER JOURNEYMAN PLUMBER			OTHER THIRD PARTY ENERGY PROVIDER				
CONTRACTOR INFORMATION							
COMPANY NAME:			PHONE:				
COMPANY ADDRESS:							
CITY, STATE, ZIP:							
LICENSEE NAME:							
LICENSEE NUMBER:			PHONE:				
ADDRESS (MAILING):	·						
CITY, STATE, ZIP:							
SIGNATURE:			DATE:				

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE