



MEP Permit Application

APPLICANT TO COMPLETE NUMBERED SPACES ONLY – PLEASE PRINT

1.	TYPE OF PERMIT REQUESTED:	MECHANICAL	ELECTRICAL	PLUMBING		
2.	JOB ADDRESS					
	LEGAL DESC.	LOT NO.	BLOCK	SUBDIVISION/ TRACT		
3.	OWNER	MAIL ADDRESS		ZIP	PHONE	
4.	MEP CONTRACTOR	MAIL ADDRESS		ZIP	PHONE	LICENSE #
5.	BLDG. CONTRACTOR (GENERAL)	MAIL ADDRESS		ZIP	PHONE	
6.	USE OF BUILDING:	COMMERCIAL	RESIDENTIAL	FLOODPLAIN:	IN	OUT
7.	CLASS OF WORK:	NEW	ADDITION	ALTERATION	REPAIR	
8.	DESCRIBE WORK:					
				9. TOTAL VALUATION OF WORK: \$		
10.	NOTICE					
<p>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.</p>						
<p>_____</p> <p>Print Signature Name</p>						
<p>_____</p> <p>Signature of Contractor or Authorized Agent</p>				<p>_____</p> <p>Date</p>		
<p>_____</p> <p>Signature of Owner (If Owner is Builder)</p>				<p>_____</p> <p>Date</p>		
<p>Office Use Only:</p> <p>Valid State License: _____</p> <p>Certificate of Insurance (TSBPE): _____</p> <p>Primary Permit Number: _____</p>						

DEVELOPMENT CENTER
 700 MAIN CENTER, #122 P.O. BOX 1758
 VICTORIA, TEXAS 77902 (361) 485-3320
 FAX (361) 485-3326

Contractor: _____

Job Address: _____

11. PERMIT DETAILS					
PLUMBING			MECHANICAL		
#	TYPE OF FIXTURE OR ITEM	FEE	#	TYPE OF EQUIPMENT	FEE
	Square Footage (R-3 Only)			Square Footage (R-3 Only)	
	Water Closet (toilet)			Air Conditioner Units	
	Bathtub			Air Conditioner Tons	
	Lavatory (wash basin)			Refrigeration (Per Hp)	
	Shower			Non-Duct heat Unit	
	Kitchen Sink/Disposal			Equipment Replacement	
	Dishwasher			Temporary Operation Inspection	
	A/C Drain			Boilers	
	Clothes Washer			Ventilation System (Including Toilet Fans)	
	Water Heater			Exhaust System (Including Vent Hoods)	
	Urinal			Incinerators	
	Drinking Fountain			Re-Inspection Fee	
	Floor Sink or Drain			Investigation Fee	
	Sample Port			PERMIT	\$
	Sinks-Other			TOTAL FEE	\$
	Waste Interceptor				
	Alteration/Repair Water Piping & Treating Equip.				
	Water Service Line (alteration or repair)				
	House Sewer (installation or repair)				
	Hosebibb Vacuum Breaker (1-5)				
	Additional Hosebibbs (+5)				
	Backflow Preventor 3/4" to 2"				
	Backflow Preventor Over 2"				
	Gas Outlets (1-5)				
	Additional Outlets (+5)				
	Furnace or Water Heater Flue Vent				
	CSI Fee				
	Re-Inspection Fee				
	Investigation Fee				
	PERMIT	\$			
	TOTAL FEE	\$			
Office Use Only: Special Conditions: _____ _____ Plans Checked By: _____ Approved for Issuance By: _____			ELECTRICAL		
			#	TYPE OF EQUIPMENT	FEE
				Square Footage (R-3 Only)	
				T-Pole	
				Circuits	
				Fixtures/Outlets	
				Motors- A/C 0-1 Hp	
				1-10 Hp	
				11-25 Hp	
				26+	
				Services 0-60 Amps	
				61-100	
				101-200	
				201-400	
				Meters (Additional Services)	
	Appliance				
	Equipment				
	Signs				
	Re-Inspection Fee				
	Investigation Fee				
	PERMIT	\$			
	TOTAL FEE	\$			

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