



RESIDENTIAL

**IRC Code
Datasheet
Application**

**DEVELOPMENT SERVICES DEPARTMENT
BUILDING PERMITS & INSPECTIONS DIVISION**

Case # _____
(Not to be filled out by applicant, assigned by BP & I)

1. PID # _____ (Central Appraisal Tax ID Number)

2. Address _____ Space _____
Zoning Section of Planning, if Address has not been Designated, 541-4931

3. Legal Description: Subdivision/Survey _____
Lot _____ Block _____
Verify Flood Zone in Subdivision Plan Review, 5th Floor, City Hall, 915-541- 4823

4. Architect/Contractor _____ Phone _____
Architect _____ Engineer _____

5. Scope of Work _____
New _____ Addition _____ Remodel _____
Valuation: \$ _____

6. Zone: _____ If SP or SC then provide Copy of Contract

7. Parking Provided: Spaces _____

8. Area Square Footage: (Remodel) _____ S.F.

9. New Square Footage: (Heated Area) _____ S.F.

10. 1st. Floor _____ S.F.

11. 2nd. Floor _____ S.F.

12. Porch/Patio Square Footage: _____ S.F.

13. Garage Square Footage: _____ S.F.

14. Flood Plain ZONE: Yes _____ NO _____

15. Basement: Yes _____ NO _____

16. Sprinklers: Yes _____ NO _____

SUB-CONTRACTORS LIST FOR THIS PROJECT

ELECTRIC _____ Phone _____

MECHANIC _____ Phone _____

PLUMBING _____ Phone _____

“ALL HIGHLIGHTED AREAS MUST BE “COMPLETELY FILLED”

DOCUMENTS \ DRAWINGS \ VERIFICATIONS

✓ Civil Drawings (Plot Plan w/ Elevations): Yes _____ NO _____

✓ Architectural Drawings: Yes _____ NO _____

✓ Envelope Energy Code Compliance: Yes _____ NO _____

✓ Door Sizes Noted: Yes _____ NO _____

✓ Window Sizes Noted: Yes _____ NO _____

CPR / PBA PLAN REVIEW: I am requesting an expedited plan review, I understand additional fees will apply

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

Notice: A. This permit becomes null and void if work or construction authorized is not commenced and inspections called for and obtained within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

B. Separate Permits are required for electrical , mechanical and / or plumbing.

AFFIDAVIT: 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 federal, state or local law regulating construction or the performance of construction. I also hereby certify that the information on the site plan is true and correct and that all known easements have been properly shown. I also understand that I am required by city ordinance to notify a Texas “one call” system before starting any excavation or digging work.

Must Be COMPLETELY Filled Out



COMMERCIAL

DEVELOPMENT SERVICES DEPARTMENT
BUILDING PERMITS & INSPECTIONS DIVISION

IBC Code
Datasheet
Application

Case # _____

(Not to be filled out by applicant, assigned by BP & I)

1. PID # _____ (Central Appraisal Tax Identification Number)
2. Address _____ Space _____
3. Legal Description:
4. Architect/Contractor _____ Phone _____
5. Scope of Work
6. Zone: _____ If SP or SC then provide Copy of Contract
7. Total Number of Structures Proposed _____ (One Application per Structure)
8. Valuation of Project:
9. Occupancy / Use: _____ (Existing)
10. Parking Required: Spaces _____
11. Area Square Footage: (Remodel) _____ S.F. NA _____
12. New Square Footage: (Heated Area) _____ S.F. NA _____
13. Gross Square Footage: _____ S.F. (New & Existing)
14. Construction Type: _____ (IBC Chapter 6)
15. Occupant Load: _____ (IBC Table 1004.1.2)
16. Inches of Egress Required: _____ (IBC Section 1005)
17. Food Service: Health Dept. Yes _____ NO _____
18. Plans Include Swimming Pool/Spa: Heath Dept. Yes _____ NO _____
19. Allowable Area: _____ (Table 503 IBC)
20. Building Height: _____ (Table 503 IBC)
21. Flood Plain Verified: Yes _____ NO _____
22. Preliminary Elevation Certificate Attached Yes _____ NO _____
23. Required Fire Rated Walls Designated: (Chapter 7 IBC) Yes _____ NO _____
24. Sprinkled Structure (Chapter 9) Yes _____ NO _____
25. Fire Alarm: (Chapter 9 IBC) Yes _____ NO _____
25. Distance from Building to the Nearest two Fire Hydrants: 1 _____ 2 _____
26. Standpipe: (Chapter 9) Yes _____ NO _____
27. Structural Design Verified: Yes _____ NO _____
28. Electronic Submittal Yes _____ NO _____
29. Grading, Drainage and Storm water PERMITS for this property Yes _____ NO _____
If you have them:
GRA _____ - _____
SWP _____ - _____

Must Be COMPLETELY Filled Out



DEVELOPMENT SERVICES DEPARTMENT BUILDING PERMITS & INSPECTIONS DIVISION

**IBC Code
Datasheet
Application**

DOCUMENTS \ DRAWINGS INCLUDED

- | | | |
|--|-----------|----------|
| 1. Civil Drawings: | Yes _____ | NO _____ |
| 2. Architectural Drawings: | Yes _____ | NO _____ |
| 3. Plumbing Drawings: | Yes _____ | NO _____ |
| 4. Electrical Drawings: | Yes _____ | NO _____ |
| 5. Mechanical Drawings: | Yes _____ | NO _____ |
| 6. Landscape Drawings: | Yes _____ | NO _____ |
| 7. Irrigation Drawings: | Yes _____ | NO _____ |
| 8. Dark Sky Compliance: | Yes _____ | NO _____ |
| 9. Lighting Energy Code Compliance: | Yes _____ | NO _____ |
| 10. Envelope Energy Code Compliance: | Yes _____ | NO _____ |
| 11. Mechanical Energy Code Compliance: | Yes _____ | NO _____ |
| 12. Door Schedule: | Yes _____ | NO _____ |
| 13. Window Schedule: | Yes _____ | NO _____ |
| 14. Plumbing Schedule: | Yes _____ | NO _____ |
| 15. Asbestos Report: | Yes _____ | NO _____ |
| 16. Storm Water Pollution Prevention Plan: | Yes _____ | NO _____ |

TAS COMPLIANCE

- | | | |
|------------------------------------|-----------|----------|
| 1. Doors / Hardware | Yes _____ | NO _____ |
| 2. Access Route (Public) | Yes _____ | NO _____ |
| 3. Space Requirements | Yes _____ | NO _____ |
| 4. Bathrooms | Yes _____ | NO _____ |
| 5. Parking / Van Accessible | Yes _____ | NO _____ |
| 6. Counters | Yes _____ | NO _____ |
| 7. EAB Registration Number # _____ | | |

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

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SIGNATURE OR OWNER (IF OWNER IS CONTRACTOR)

DATE

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

Must Be **COMPLETELY** Filled Out



Demolition Permits

**Two (2) complete plan sets and an electronic copy of all plan sets will be required.
Applicant will need the following information:**

Residential

Zoning:

- IRC Code Data Sheet / Building Permit Application available at www.elpasotexas.gov.
- Site plan drawn to scale.
- For Exterior Demolition Permit - indication on site plan of exterior area or areas to be demolished
- For Interior Demolition Permit - floor plan indicating interior areas to be demolished

Commercial

Zoning:

- IBC Code Data Sheet / Building Permit Application available at www.elpasotexas.gov.
- Site plan drawn to scale
- Asbestos survey report
- For Exterior Demolition Permit - indication on site plan of exterior area or areas to be demolished
- For Interior Demolition Permit - floor plans indicating interior areas to be demolished

*Exception: If plans are on 8 1/2 x 11 inch paper, electronic copies will not be required

Mayor
John F. Cook

City Council

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District 2
Susannah M. Byrd

District 3
Emma Acosta

District 4
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District 5
Rachel Quintana

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