

**VILLAGE OF SURFSIDE BEACH - BUILDING PERMIT APPLICATION -
ADDITION OR REMODEL – NON-BEACHFRONT**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED

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|-------------------|
| LEGAL OWNER NAME: |
| ADDRESS: |
| PHONE: |
| EMAIL: |

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|---|
| AUTHORIZED APPLICANT (if different): |
| PHONE: |
| EMAIL: |
| (AUTHORIZATION REQUIRED FROM LEGAL OWNER OF LOT) |

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| BCAD GEOGRAPHIC ID: |
| PHYSICAL ADDRESS: |

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| FULL PROJECT SCOPE: |
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| MORE SPACE ON BACK IF NEEDED. |

IMPORTANT NOTICES

BEFORE BUILDING, A JURISDICTIONAL DETERMINATION MAY BE REQUIRED, PLEASE CONTACT THE "Regulatory Division" ARMY CORP OF ENGINEERS FOR MORE DETAILS. 409-766-3982.

ALL ENCLOSURES REQUIRE WALLS TO BE CERTIFIED BREAKAWAY AND A NON-CONVERSION AGREEMENT IS REQUIRED.

** DURATION OF PROJECT: _____ MONTHS (*PERMIT IS VOID AFTER SIX MONTHS IF PROJECT IS NOT STARTED*) AND IS ONLY GOOD FOR TWO YEARS.

** DURING THE ENTIRE DURATION OF THE PROJECT BY LOCAL ORDINANCE YOU ARE REQUIRED TO RETAIN A PORTABLE RESTROOM AND ROLL OFF, ALL MATERIAL AND DEBRIS IS TO BE CONTAINED.

Are any variances required for this project? Y / N

REQUIRED WITH APPLICATION:

- Project Plans (11" x 17" size)
- WPI-1 – Sent directly to the Building Official via email from the Texas Certified Windstorm Engineer at cityhall@surfsidetx.org
- Other requirements as specified by the Building Department

Signature of Authorized Applicant: I understand that failing to follow all regulations can result in a HALT WORK ORDER as well as FINES AND CITATIONS:

_____ Date: _____

Signature of City Official: _____ Date: _____

| | | |
|-----------------|-----------------|---------------|
| APPLICATION IS: | APPROVED | DENIED |
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