

CITY OF HIGHLAND HAVEN, TEXAS
Phone #: (830) 265-4366 Fax #: (512) 366-9721
PROPERTY DEVELOPMENT PERMIT APPLICATION
Rev. 2018

Permit # _____ HH Street Address _____ Lot# _____

Property Owner: _____ Phone _____

Mailing Address _____

_____ Email _____

PERMIT PURPOSE: NEW CONSTRUCTION

- New Single Family Residence (SFR) - _____ BR _____ Bath _____ Garage _____ Living Area SQ.FT. _____
- Septic System Test
- Septic System Construction (LCRA permit required)
- Waterfront: retaining wall boat dock/slip boat house PWC fixed dock or ramp
- Waterfront: PWC lift manual or electric PWC floating
- Outbuilding: detached garage workshop storage facility gazebo greenhouse
- Outbuilding-Pergola, detached: existing slab or no floor w/ utilities no utilities
- Pergola, attached: existing slab or no floor w/ utilities no utilities Pergola, w/ new foundation
- Concrete: slab walk steps driveway or other _____
- Fence
- Sprinkler/Irrigation system
- Landscaping raw land (clearing, grading)
- Drainage Alterations (requires engineering certification)
- Other (describe project) attach additional if needed: _____

PERMIT PURPOSE: REMODELING, ADDITIONS, RENOVATION, OTHER IMPROVEMENTS

- Re-model - **Major** (changes any or all - footprint, structural, roofline, facade, floor-plan, living space)
- Re-model - **Minor** (interior or exterior, with electric &/or plumbing; without Major changes above)
- Room addition(s) _____ rooms, _____ sq. footage new slab existing slab
- Septic system repair/expansion (LCRA permit required)
- Carport enclosure, use of new space _____ addition, or expansion new slab existing slab
- Patio addition or expansion: covered un-covered
- Driveway: resurface re-pave/repair approach
- Waterfront: boat slip/PWC dock/lift boat house retaining wall other _____

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- Electrical meter/loop or breaker panel replace or rewire
- Propane tank installation including screening/fencing (all property setbacks apply)
- Swimming Pool, Hot Tub, or Fountain (all property setbacks apply)
- Plumbing (Includes connecting to Highland Haven Water System tap)
- Water well plugging
- Drainage Alterations (requires engineering certification)
- Other (describe project) attach additional pages if needed: _____

PERMIT PURPOSE: DEMOLITION

- Total- removal of structure(s), Structure Description: _____
- Demolition, other: _____

NOTICE: Property owner and/or contractors are responsible for:

- 1. Insuring contractors possess current license (i.e., electrical, plumbing, mechanical or irrigation).**
- 2. Adherence to International Building Code and timely scheduling of Building Code inspections.**
- 3. Adherence to applicable City Ordinances, the most pertinent being Ordinances # 056, 020, 021, 037, & 051.**
- 4. Prior to any modifications or changes to the permit purpose(s), property owner/contractor must contact The City Building Permit Officer and submit all required documents AND fees.**

INDEMNIFICATION

A property development permit, when issued, does not imply that ownership claimed by the applicant is valid. City verification of ownership is limited to examination of the latest on-hand version of the Burnet County Appraisal District property ownership rolls. Property owner or owners hereby indemnifies and hold harmless the City of Highland Haven, its elected officials, agents and appointees from any and all claims and damage, including court costs and attorney fees, that may result because of ownership claims and from failure of the property owner and/or contractors to comply with relevant building codes and/or city ordinance requirements.

Special circumstances for New Single Family Residence (SFR): A Certificate of Occupancy issue by the City of Highland Haven must be obtained before any habitation of the residence occurs. No furnishings, personal property, or storage of items is permitted in the residence until the Certificate of Occupancy is issued.

Property Owner authorizes contractor to make modifications to permit: Yes_____ No_____

Signature of applicant (must be property owner) _____ **Date:** _____

(If owner has submitted signature authority for contractor, form must be attached)

Application received by (City Official) _____ **Date:** _____

Allow a minimum of 7 days processing time (after receipt of all required supporting documentation) for new residence, major remodeling, and waterfront construction.

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****Licensed tradesmen must submit a valid copy of license to the City before any work is performed.****

Contractor Information

Primary Contractor: Name _____

Co. Name _____ Phone # _____

Address _____

Electrical Contractor: Name _____ License # _____

Co. Name _____ Phone # _____

Address _____

Plumbing Contractor Name: _____ License # _____

Co. Name _____ Phone # _____

Address _____

Mechanical Contractor Name: _____ License # _____

Co. Name _____ Phone # _____

Address _____

Irrigation Contractor Name: _____ License # _____

Co. Name _____ Phone # _____

Address _____

(Other) _____ Name: _____ License # _____

Co. Name _____ Phone # _____

Address _____

Notes:

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THIS PAGE TO BE COMPLETED BY CITY OFFICIALS:

SUPPORTING DOCUMENT REQUIREMENTS

	Yes	N/A	Date Rec'd
LCRA Septic System Permit (SFR or Septic repair/replace)-----	<input type="checkbox"/>	<input type="checkbox"/>	_____
Most current Certified Site Survey -----	<input type="checkbox"/>	<input type="checkbox"/>	_____
Site Plan including construction plan, elevation, setbacks, lot lines and construction location(s) -----	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floodplain Certificate with FEMA elevations by surveyor/engineer -----	<input type="checkbox"/>	<input type="checkbox"/>	_____
LCRA Floodplain Compliance Certificate by Flood Plain administrator-----	<input type="checkbox"/>	<input type="checkbox"/>	_____
Architectural plans & specifications showing exterior elevations, foundation plans & floor plan for new SFR (an additional set of reduced-size for use by Building Code Inspector may be submitted)-----	<input type="checkbox"/>	<input type="checkbox"/>	_____
LCRA and/or FEMA shoreline or watershed construction permits -----	<input type="checkbox"/>	<input type="checkbox"/>	_____
Variance approval or "grandfather" exclusion -----	<input type="checkbox"/>	<input type="checkbox"/>	_____
Termite treatment certification (new SFR) -----	<input type="checkbox"/>	<input type="checkbox"/>	_____
Description of scope of work -----	<input type="checkbox"/>	<input type="checkbox"/>	_____

BUILDING CODE (BCI) AND CITY INSPECTION REQUIREMENTS

	Yes	N/A	
Termite (certificate required on new residence) -----	<input type="checkbox"/>	<input type="checkbox"/>	(BCI) Date _____
Foundation -----	<input type="checkbox"/>	<input type="checkbox"/>	(BCI) Date _____
Framing, bracing & roof -----	<input type="checkbox"/>	<input type="checkbox"/>	(BCI) Date _____
Plumbing, electrical, mechanical rough-in -----	<input type="checkbox"/>	<input type="checkbox"/>	(BCI) Date _____
TCEQ Customer Service Inspection, cross connect/backflow prevention--	<input type="checkbox"/>	<input type="checkbox"/>	(BCI) Date _____
Energy Efficiency-----	<input type="checkbox"/>	<input type="checkbox"/>	(BCI) Date _____
LPG pressure test -----	<input type="checkbox"/>	<input type="checkbox"/>	(BCI) Date _____
Final Building Inspection -----	<input type="checkbox"/>	<input type="checkbox"/>	(BCI) Date _____
Final Lot Grading Inspection -----	<input type="checkbox"/>	<input type="checkbox"/>	(City) Date _____
Final as-built elevation survey & photos (FEMA) -----	<input type="checkbox"/>	<input type="checkbox"/>	(BCI) Date _____
Occupancy Certificate -----	<input type="checkbox"/>	<input type="checkbox"/>	(City) Date _____
Clean-up -----	<input type="checkbox"/>	<input type="checkbox"/>	(City) Date _____

(Other inspections may also be required.)

Note: BCI = Building Code Inspector: _____ Phone # _____

Notes:

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THIS PAGE TO BE COMPLETED BY CITY OFFICIALS:

Site Plan has been checked for proper Lot Platting prior to issuing Building Permit:

Permit Officer Signature _____ Date _____

_____ Approved Permit # _____ (Expires 1 year from initial approval)

_____ Denied Reason for denial _____

Appointed P&Z member (if required) Elected City Official Elected City Official (if required)

Date: _____ Date: _____ Date: _____

FEE RECORD (All fees due upon permit approval)

Permit fee \$ _____

Inspection fees \$ _____ (Building Code Inspections)

City Inspection \$ _____ (City Inspection fees may be levied as required; see Ord. #20)

Clean-up deposit \$ _____ (unpaid inspection fees will be deducted from Clean-up Deposit)

Total \$ _____ Date paid _____ Ck.# _____ by: [] Owner [] Contractor

Three-Month Extension Approval:

Approved by: _____ Date: _____

Elected Official Signature: _____ Date: _____

Fee paid \$ _____ Date Paid: _____

Clean-up deposit return -Approval _____ Date _____ \$ _____ Date _____ Ck# _____

Certificate of Occupancy - Approval _____ Issue date _____