

County of Galveston
Building Permit Application

Flood Map Panel: _____ Flood Map Date: _____ Date: _____

Flood Zone: _____ Required Elevation: _____ Permit #: _____

Location of Building (Address): _____

CAD Account Number (15 digit): _____

Type of Improvement: ___ **Non Residential** ___ **Residential**
___ New ___ Addition ___ Alteration ___ Repair ___ M. Home ___ RV
___ Storage ___ Detached Storage ___ Deck ___ Site Work ___ Other

Value: Sq Ft _____ * Cost per Sq Ft _____ = Improvement Value _____
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Fee: Total Fee _____ Total Value: _____

Foundation: ___ Slab ___ Pile ___ Pier & Beam

Water Supply: ___ Public ___ Private **Sewage Disposal:** ___ Public ___ Private

IRC (if applicable): ___ As published on May 1, 2008 ___ Current City of Galveston

Number of Bedrooms ___ Number of Bathrooms: Full ___ Half ___

Owner: Name: _____ Phone #: _____

Mailing Address: _____

Authorized Agent: Name: _____ Phone #: _____

Mailing Address: _____

I hereby authorize, _____ to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.

Signature of Owner Date

I, _____, (Owner or Authorized Agent) agree to the conditions below:

I acknowledge areas below required elevation can only to be used for parking, storage or building access-No mechanical, electrical or plumbing is allowed below the base flood elevation except those specifically approved on the permit. The receipt, acceptance, and/or deposit of a check, money order or any form of payment to the County does not constitute any approval of a permit.

I agree on behalf of both myself and on those working on behalf of me that:

- There will be no deviation in the work performed from the construction, modifications changes or improvements (“Improvements”) described in this Building Permit Application and shown on the attached plans and specifications except as may be authorized in writing by Galveston County acting by and through its Building Inspector prior to beginning work on any deviation from the described Improvements;
- Any deviation from the permitted Improvements identified by Galveston County is justification for the issuance of a Stop Work Order being issued by the Building Inspector;
- If a Stop Work Order is issued, I agree to immediately cease all work on the Improvements and will, within ten (10) days following receipt of the Stop Work Order, remove or correct any deviations identified by the County Building Inspector;
- I acknowledge Galveston County’s interest in and responsibility of ensuring compliance with its Building and FEMA Regulations;
- I understand that any deviation in the work performed on the Improvements is a wrongful act causing irreparable injury and presenting imminent harm, for which Galveston County has no adequate remedy at law;
- I further agree that Galveston County’s lack of an adequate remedy at law justifies imposition of a temporary restraining order and a temporary injunction issued against me to bar any further work under the Building Permit pending resolution of the dispute between Galveston County and me;
- In the event that Galveston County files suit seeking injunctive and/or other relief, I hereby submit to the jurisdiction of the State District Courts exercising jurisdiction in Galveston County and agree to the issuance of such temporary restraining orders and temporary injunctions as may be required to halt the construction of work on the Improvements that deviate from the Building Permit; and
- In the event that Galveston County files suit against me I agree to pay the reasonable attorneys’ fee, court costs and other expenses incurred by the County in the prosecution of that suit.

I acknowledge the property may not have access to an existing improved road that is maintained by the County.

I acknowledge it is a violation to begin work before a permit is issued. This is only a permit application-not a permit

Compliance with Galveston County Building Permit Requirements will be strictly enforced.

Agreed: _____ (Printed Name of Owner or Authorized Agent)

Date: _____

Owner or Authorized Agent Signature: _____ Date _____

Address: _____ Phone: _____

Fee Paid: Money Order ___ Check ___ Credit Card ___ Approval/Rec# _____

FOR ADMINISTRATIVE USE ONLY
