

STORM WATER MANAGEMENT SITE PLAN (SWMSP) CHECKLIST

3219 California Parkway, Forest Hill, TX 76119
Phone: (817) 806-4561 Fax: (817) 984-8254



Form must be completed in ink or typed.

Date: _____

Lot: _____ Block: _____ Subdivision: _____

Job Address: _____

Owner/Builder: _____ Address _____ Phone _____

Contractor: _____ Address _____ Phone _____

Architect/Engineer: _____ Address _____ Phone _____

Description of Work: _____

Type of Building Permit Requested: New Addition Remodel Repair Move Remove

Type of Building: One Story Two Story Other _____

The premise is to be used for: Residential Commercial Other _____

Use of Facility: _____

Valuation of Work: \$ _____

Notice

This permit shall become invalid if work or construction authorized is not commenced within 180 days or if work or construction is suspended or abandoned for a period of 180 days at anytime after work is commenced.

ASBESTOS

A copy of the asbestos survey for the area(s) to be renovated/demolished has been included with this permit application. This survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP).

This Permit is granted with the distinct and clearly understood agreement by the Applicant that the Rules, Regulations, and Ordinances of the City of Forest Hill, Texas, as provided for by the City Council and interpreted by the City Building Official, will be carried out, or adhered to in every part, manner, and respect.

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING AND AIR CONDITIONING

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OR LAWS AND ORDINANCES COVERING THIS TYPE WORK WILL BE COMPLETED 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 LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Applicant Signature & Title: _____ Date: _____

Application Accepted By: _____ Date: _____

For Office Use Only

Plan Check Fee \$ _____

Permit Fee: \$ _____

Water Impact Fee: \$ _____

Sewer Impact Fee: \$ _____

Water Tap Fee: \$ _____

Sewer Tap Fee: \$ _____

Drive Approach \$ _____

TOTAL FEE: \$ _____

Plans Checked By: _____ Date: _____

Approved Issuance By: _____
_____ Date: _____

Comments _____

