



BUILDINGS PERMIT REQUIREMENTS AND PROCEDURES RESIDENTIAL ONE & TWO FAMILY DWELLINGS

TO AVOID A DELAY IN GETTING YOUR PERMIT APPROVED, MAKE SURE ALL OF THE LISTED ITEMS ARE INCLUDED WITH YOUR APPLICATION

- What will be required for building permit: Complete Application and three (3) full sets of Construction plans.(Including plan review fee)CHECK OR MONEY ORDER ONLY
- What should the plans have: plot plan, floor plan, elevations and foundation plan. More information may be asked of you, if needed from the plan reviewer.
- The Plot Plan: shall include actual lot size (if you are not sure, check your deed or check with the Appraisal District). Show the size and location of any existing structures and/ or structures to be erected on the lot, including accessory structures. . Label the use of each structure (e.g. existing house, storage building, etc). Also include the setbacks of each Structure as well as the proposed structure. (See example drawing)
- The Floor Plan: shall specify use of rooms, dimension of rooms, window sizes, door sizes, lumber spans and type of wood. Wall, floor and ceiling finishes as well as other fixtures such as plumbing fixtures, electrical fixtures and HVAC location.
- A building permit will not be issued until it has been reviewed for zoning and technical codes. This will take 5-7 working days, or depending on the size of the project. **NOTE WITH ALL COMPLETE DOCUMENTATION SUBMITTED.**
- Zoning Review: your plot plan will be reviewed for zoning regulations, which include: use regulations, height regulations and area regulations, parking regulations, setbacks, lot coverage and building separations.
- Plan Review: Your floor plans will be reviewed for building, electrical, plumbing and mechanical and fire code requirements.
- Once your permit is issued, take time to go over your plans and make sure you understand what will be required of you at the time of your inspection.
- NO REFUNDS FOR UNUSED PERMITS.

- **This handout is not intended to cover all items required by the City of Del Rio, but it is to serve as a guide to help you understand frequently asked questions. “ALL WORK IS SUBJECT TO FIELD APPROVAL. The City of Del Rio has a web site for your viewing at www.cityofdelrio.com**

CITY OF DEL RIO PLAN REVIEW CHECK LIST

One and Two Family Dwelling Requirements

Code Ref: 2006 International Residential Code

1. Submit three full sets of plans at 1/4:" scale Minimum including:
 - A. Name and Location of project printed on all pages
 - B. Designer information printed on all pages.
 - C. Plot Plan.
 - D. Foundation plan (must indicate grade from foundation)
 - E. Floor plan.
 - F. Full Elevation plans (front, back, sides with type of exterior covering.
2. Foundation plan shall include the following:
 - A. Concrete PSI
 - B. Thickness of slab
 - C. Type of reinforcement being used, size and spacing.
 - D. Vapor barrier 6 mils under habitable space.
 - E. Spacing of footings, depth and width.
 - F. Selected fill and compaction.
 - G. Fireplace footing (if built)
3. Pier and beam foundation plan shall include the following:
 - A. Girder Spacing
 - B. Floor Cover
 - C. Type of pier and layout
 - D. Size of floor joist and spans
 - E. Pier depth into virgin ground.
4. Plot plan shall include the following:
 - A. Lot size
 - B. Location of dwelling unit and set backs
 - C. Indication of easements
5. Floor plan shall include the following:
 - A. Location and labeling of all rooms, porches garages etc.
 - B. Room dimensions
 - C. Window and door sizes interior and exterior
 - D. Location of appliances, plumbing fixtures, and cabinets
 - E. Location of HVAC equipment with address, attic or crawl space.
 - F. Separations and wall rating locations.
6. Detail drawings shall be submitted for the following:
 - A. Roof detail shall include Ridge beam, rafter size, spacing and species grade.
 - B. Plans must indicate ceiling joist size, spacing, location of girders with calculations, and Installation of Cathedral ceilings, pan ceilings etc. detail with load points.
 - C. Load bearing points to foundation footings.
 - D. Fire wall or separation with detail cross sections.
 - E. Thickness of wall and heights with detail cross section.
 - F. Type of wall coverings for exterior, interior and roof.
 - G. Window and insulation R-value.
 - **Any changes to dwelling layout during construction, a revised plan must be submitted and approved by City of Del Rio Code Compliance Dept.**
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**PERMIT APPLICATION FORM
RESIDENTIAL**

City of Del Rio
Code Compliance Department
109 W. Broadway (mailing address)
114 W. Martin (street address)
Tel: (830) 774-8553
Fax: (830) 703-5305



(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> NEW | <input type="checkbox"/> STORAGE SHED |
| <input type="checkbox"/> REMODEL | <input type="checkbox"/> CARPORT |
| <input type="checkbox"/> ADDITION/ALTERATION | <input type="checkbox"/> RE-ROOFING |
| | <input type="checkbox"/> MISCELLANEOUS |

EASE PRINT CLEARLY, COMPLETE ALL REQUESTED INFORMATION

Project Address:		Project Title:	
Subdivision	Lot	Block	
Property Owner:		Owner's Address:	
Phone No. ()		City	State Zip Code
T.A.S. Registration No:		Asbestos Abatement Survey Date: _____ <small>A Copy of Survey is Required for Commercial Remodeling/ Demolition Projects</small>	
Contractor's Name:		Address:	Phone Number:
Registration No. /State License No:		License Type	City Business License No.
Architect/Designer Name:	Address:		City State Zip Code
State License Number:	Phone Number:	Fax Number:	Other:

Detailed Scope of Work:

Total Bldg Sq. Ft.		Heated Area Sq Ft.		Other Sq Ft.	
# of Units		# of Buildings		# of Stories	
Construction Type		Occupancy Description		Sprinkler/Alarm System	Yes/ No
#of Bedrooms:		# of Bathrooms		Flood Zone	<input type="checkbox"/> yes <input type="checkbox"/> no
Garage		Sq. Ft		Foundation Type	
Ext. Wall Cover:		Roof Type		Interior Wall Cover	
R-Value Walls		R-Value Ceiling		R-Value Floor	
NO. of Circuits 120/240v.		No. of plumbing fixtures.		HVAC System Type/BTUs	

Project Valuation: \$ _____

An issued permit becomes invalid if the work on the site authorized by the permit does not commence within 180 days of issuance, or if the work on the site is incomplete due to suspension or abandonment 180 days after the work commenced. **All permits require final inspection.**

I hereby certify that I am an authorized agent of the owner, and have the owner's consent to enter onto the property to complete the work. After close review of this application, I further certify that the information provided is true and correct to the best of my knowledge. The work shall comply with all provisions of laws and ordinances, whether specified or not. The grant of a permit does not presume to give authority to violate or cancel the provisions of any Federal, State, or Local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent Please Print Name _____ Date _____ Phone Number

FOR OFFICE USE ONLY
Approvals Required

BUILDING DEPARTMENT

NOTES: _____

Log #: _____

Location: _____

Work Involved: _____ / _____

Permit Type: _____

Occupant Description: Assembly Educational Daycare Health Care Detentional 1&2 Family Dwelling Lodging or

Rooming House Hotel or Dormitories Apartment Residential Board & Care Mercantile Business Industrial Storage

Proposed Use: _____

Report Code: _____ No. of Units: _____ Inspection Code: _____ Live Load: _____

Occupancy Type: _____ Construction Type: _____ Bldg Sq. Ft _____

Water System: _____

Sewer System: _____

Valuation: \$ _____ Plan Review Fees: _____ Permit Fees: \$ _____

Reviewed by: _____ Date: _____

PLANNING DEPARTMENT

NOTES: _____

Use Zone _____ House Lot Coverage _____ % Appeal Date # _____

Legal & Dimensions match plat Lot Sq. ft. _____

Easement Clean & Shown Parking _____

Subdivision /Lot release date _____ Survey _____

Required front yard _____

Required side yard- Left _____ Right _____

Rolled Plans Attached Plans

Reviewed by: _____ Date: _____

Zoning Dept.: _____ Date: _____

FIRE DEPARTMENT

NOTES: _____

Max Occupancy: _____

Fire Zone: yes no

Fire Sprinkler yes no

Type of system: _____

HEALTH DEPARTMENT

NOTES: _____