

Residential: Electrical – Plumbing – Mechanical

The City of Wallis adopted the 2006 International Building, Residential, Plumbing, Mechanical, Fuel / Gas and Energy Conservation Codes and the 2005 National Electrical Code.

When is a permit needed:

- **Electrical Upgrades/ Repairs** - A permit is required for all service upgrades, service repairs or circuit replacements.
- **Plumbing Upgrades/ Repairs** - A permit is required when a gas line is added, replaced or repaired, installing gas logs inside your fireplace, replacing a gas or electric water heater, adding a water softener to your home or sprinkler system, replacing water and sewer lines.
- **Irrigation Systems** - A permit is required for the installation or repair of all residential irrigation systems. An approved backflow device must be installed with each sprinkler system and a backflow test report must be submitted to the city.
- **Mechanical Upgrades/ Repairs** - A permit is required when an air conditioner or furnace is installed or replaced.

What is needed to obtain a permit? A plan review is not required, but a permit fee is due upon permit issuance.

Submittal documents: Fill out a Residential permit application and Contractor Registration.

Inspections

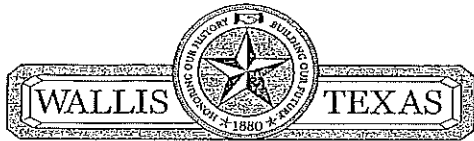
Request an inspection from Bureau Veritas. Inspections received by 5:00 p.m. Monday – Friday will be performed the next business day.

Phone: toll free (877) 837-8775

Fax: toll free (877) 837-8859

Can also be emailed to: inspectionstx@us.bureauveritas.com

All Electrical, Plumbing, Irrigation and Mechanical work described above require an inspection and Contractor Registration.



Phone: (979) 478-6712

Fax: (979) 478-7537

6810 Guyler, Bldg. B

Wallis, Texas 77485

Residential Permit Application

Building Permit Number: _____		Valuation: _____	
Project Address: _____		Zoning District: _____	
Lot: _____	Block: _____	Subdivision: _____	
Project Description:	NEW SFR <input type="checkbox"/>	SFR REMODEL/ADDITION <input type="checkbox"/>	SPECIFY OTHER: _____
	PLUMBING <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>
	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	SWIMMING POOL <input type="checkbox"/>
Description of Work:			
Area Square Feet: _____		Covered Porch: _____	
Living: _____	Garage: _____	Total: _____	Number of stories: _____
IS THIS PROPERTY IN A FLOODPLAIN: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide Flood Plain Certificate</i>			

Owner Information:			
Name: _____		Contact Person: _____	
Address: _____			
Phone #: _____	Mobile #: _____	Email: _____	

Contractor Type	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
General Contractor			
Mechanical Contractor			
Electrical Contractor			
Plumber/Irrigator			
TPO Energy Provider			

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified 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 law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

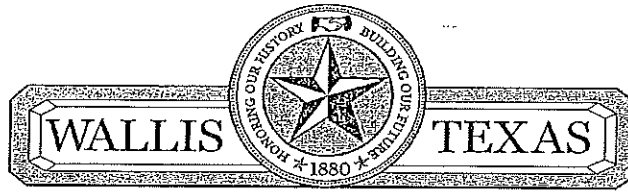
OFFICE USE ONLY:

Approved by: _____	Date approved: _____	
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Building Permit Fee: _____
 Plan Review Fee: _____
 Plumbing Permit Fee: _____
 Electric Permit Fee: _____
 Mechanical Permit Fee: _____

Total Permit Fees: _____
 Received By: _____
 Date: _____
 BV Project #: _____

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CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

_____ ELECTRICAL CONTRACTOR
_____ MASTER ELECTRICIAN
_____ JOURNEYMAN ELECTRICIAN
_____ MASTER SIGN ELECTRICIAN

_____ MECHANICAL (HVAC)
_____ IRRIGATOR (LANDSCAPE)
_____ BACKFLOW *(special form required)*

_____ MASTER PLUMBER
_____ JOURNEYMAN PLUMBER

_____ OTHER
_____ THIRD PARTY ENERGY PROVIDER

CONTRACTOR INFORMATION

COMPANY NAME: _____

PHONE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____

PHONE: _____

ADDRESS (MAILING): _____

CITY, STATE, ZIP: _____

SIGNATURE: _____

DATE: _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE