



Liberty County Permit & Inspection Department

624 FANNIN STREET
LIBERTY, TEXAS 77575
936-336-4560 Phone

CELL TOWER (New, Additions or Modifications) PERMIT APPLICATION

Effective Date: August 1, 2012

DATE RECEIVED	PERMIT #	FEE AMOUNT \$500
---------------	----------	------------------

FOR STAFF USE ONLY: OFD RSH LOTT STORMWATER PLANNING WATER SHOP

SITE LOCATION

Site Address: _____

Tax Parcel Number: _____

Latitude _____, Longitude _____ (decimal degrees)

TYPE OF WORK

Building Use Classification: _____

BUILDING PERMIT INFORMATION

Description of work to be done (Please be specific): _____

Project Name: _____

*Value of Construction: \$ _____

Gross Building Square Footage of Project: _____

PROPERTY OWNER

Owner Name: _____ Phone: (____) _____ - _____

Mailing Address: _____

GENERAL CONTRACTOR INFORMATION

Company Name: _____

Mailing Address: _____

Contact Person: _____ Phone: (____) _____ - _____

Email Address: _____ Fax: (____) _____ - _____

State Contractor's License #: _____ Expiration Date: _____

DESIGN PROFESSIONAL (Architect/Engineer)

Company Name: _____

Mailing Address: _____

Contact Person: _____ Phone: (____) _____ - _____

E-Mail Address: _____ Fax: (____) _____ - _____

CONTACT PERSON (This person is designated to receive all project communications)

Name: _____ Phone: (____) _____ - _____

Mailing Address: _____

E-Mail Address: _____ Fax: (____) _____ - _____

BUILDING INFORMATION (if not applicable) Mark N/A _____

Automatic Sprinkler required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Automatic Sprinkler provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hazardous Materials	Yes <input type="checkbox"/> No <input type="checkbox"/>
Quick response heads throughout	Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Quick response heads per Occupant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Area	Yes <input type="checkbox"/> No <input type="checkbox"/>

Number of Stories _____

IBC SPRINKLER SUBSTITUTIONS (if not applicable) Mark N/A _____

Area Increase	Yes <input type="checkbox"/> No <input type="checkbox"/>	Height Increase	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unlimited Area	Yes <input type="checkbox"/> No <input type="checkbox"/>	One-Hour Construction	Yes <input type="checkbox"/> No <input type="checkbox"/>
Story Increase	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Value of Construction; The value of construction shall include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire-extinguishing systems, automatic sprinkler systems, other mechanical systems and other permanent work or permanent equipment, not including furnishings. The Building Official shall make the final determination of the value of construction as specified in Section 108.3 of the International Building Code.

Expiration of Plan Review: Applications for which no permit is issued within 180 days following the date of application or approval date shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 90-day extension to the Plan Review time as specified in Section 105.3.2 of the International Building Code. No application shall be extended for a period of more than 90 days.

Building Owner or Authorized Agent:

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Signature: _____ Print Name: _____ Date: _____