## Liberty County Permit & Inspection Department



## PIPELINE PERMIT APPLICATION

624 FANNIN STREET LIBERTY, TEXAS 77575 936-336-4560 • 936-253-8222 FAX

Effective Date: August 1, 2018

| DATE RECEIVED  |               | PERMIT# |       |  | FEE AMOUNT \$ 3,000.00 |       |              |  |
|--|---------------|---------|-------|--|------------------------|-------|--------------|--|
| FOR STAFF USE ONLY:  | □ OFD         | RSH     | LOTT  | ☐ STORMWATER   | ☐ PLA                  | NNING | ☐ WATER SHOP |  |
| COMPANY NAME   |               |         |       | to allow to the state of the st |                        |       |              |  |
| Site Address:  |               |         |       |  |                        |       |              |  |
| Tax Parcel Number:   |               |         |       |  |                        |       |              |  |
| Latitude,  |               |         |       | (decimal degrees)  |                        |       |              |  |
| CROSSING ROADS   |               |         |       |  |                        |       |              |  |
| County Roads:  | _             |         |       |  |                        |       |              |  |
| ACCESS ROADS   |               |         |       |  |                        |       |              |  |
| Locations (Please be specific):_   |               | 11.000  |       |  |                        |       |              |  |
|  |               |         |       |  |                        |       | -            |  |
|  |               |         |       |  |                        |       |              |  |
|  |               | ***     |       |  |                        |       |              |  |
|  |               |         |       |  |                        |       |              |  |
| STATIONS   |               |         |       |  |                        |       |              |  |
|  |               |         |       |  |                        |       |              |  |
|  |               |         |       |  |                        |       |              |  |
| GENERAL CONTRACTOR I   | NFORMATIC     | N       |       |  |                        |       |              |  |
| Company Name:  |               |         | 1<br> |  |                        |       |              |  |
| Mailing Address:   |               |         |       |  |                        |       |              |  |
| Contact Person:  |               |         |       | P  | hone:(                 | )     |              |  |
| Email Address:   |               |         |       |  |                        |       | -            |  |
| State Contractor's License #:  |               |         |       | E  | Expiration I           | Date: |              |  |
| DESIGN PROFESSIONAL (A   | Architect/Eng | gineer) |       |  |                        |       |              |  |
| Company Name:  |               |         |       |  |                        |       |              |  |
| Mailing Address:   |               |         |       |  |                        |       |              |  |
| Contact Person:  |               |         |       |  | hone: (                | )     |              |  |
| E-Mail Address:  |               |         |       |  | ax: (                  | )     |              |  |
| CONTACT PERSON (This person is designated to receive all project communications) |               |         |       |  |                        |       |              |  |
| Name:  |               |         |       | P  | hone:(                 | )     | -            |  |
| Mailing Address:   |               |         |       |  | V.                     |       |              |  |
| E-Mail Address:  |               |         |       |  | ax:(                   | )     | •            |  |

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|--|-------------------------------|--|---------------------------------------|
| BUILDING INFORMATION (if no  | ot applicable ) Mark N/A      |  |                                       |
| Automatic Sprinkler required   | Yes 🗇 No 🗇                    | Alarm  | Yes □ No □                            |
| Automatic Sprinkler provided   | Yes 🗆 No 🗇                    | Hazardous Materials  | Yes D No D                            |
| Quick response heads throughout  | Yes 🗆 No 🗆                    | Basement   | Yes D No D                            |
| Quick response heads per Occupant  | Yes D No D                    | Fire Area  |                                       |
|  | 168 17 140 17                 | rite Area  | Yes 🗖 No 🗖                            |
| Number of Stories  |                               | 1 1 1 2  | · · · · · · · · · · · · · · · · · · · |
| IBC SPRINKLER SUBSTITUTION   | NS (if not applicable ) Ma    | rk N/A   | (A. 1911)                             |
| Area increase  | Yes 🗆 No 🗆                    | Height Increase  | Yes 🗆 No 🗇                            |
| Unlimited Area   | Yes 🗆 No 🗀                    | One-Hour Construction  | Yes 🗇 No 🗇                            |
| Story Increase   | Yes□ No□                      | Other  | Yes 🗖 No 🗇                            |
| whether actually paid or not, as well as<br>extinguishing systems, automatic sprin<br>including furnishings. The Building C<br>of the International Building Code. | kler systems, other mechanica | il systems and other permanent work o  | r permanent equipment, not            |
| Expiration of Plan Review: Applica date shall expire and all fees paid shall extension to the Plan Review time as sa period of more than 90 days.                  | be forfeited. Upon written re | quest of the applicant, the Building Off   | ficial may grant a 90-day             |
| Building Owner or Authorized A   | gent:                         | a year and the same and the sam |                                       |
| I hereby certify that I have read ar<br>authorized to apply for this permit  |                               | m and know the same to be true ar  | ıd correct, and I am                  |
|  |                               |  |                                       |
| Signature:   | Print Nan                     | ne;  | Date:                                 |

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