

# *City of Florence*

**106 S. Patterson – P.O. Box 430**

**Florence, Texas 76527**

**Phone: (254)793-2490**

**Fax: (254) 793-3766**

## **Bureau Veritas Contact Information**

### **Permit Submittal**

The permit documents and fees will be submitted to the city. Submittal documents should be complete to expedite plan review and permit issuance. Please contact the city for a complete list of permit submittal requirements.

### **Plan Review**

Bureau Veritas will be conducting residential and commercial plan reviews. The applicant will be contacted by Bureau Veritas if revisions are needed. You may contact Bureau Veritas' Plan Review Department for the status of your permit at (817) 335-8111/toll free (877) 837-8775.

### **Inspection Requests**

Please contact Bureau Veritas to request inspection(s). Any of our permit technicians can assist you. Inspections requested by 5:00 pm Monday – Friday will be performed the next business day. Inspection requests can also be faxed to the Bureau Veritas office.

Inspection line: (817) 335-8111 or (972) 980-8401

Inspection FAX line: (817) 335-8110 or (972) 980-8400

Toll Free number: (877) 837-8775

Toll Free FAX line: (877) 837-8859

Inspection requests can also be emailed to: [inspectionstx@us.bureauveritas.com](mailto:inspectionstx@us.bureauveritas.com)

### **Field Inspections**

Inspectors assigned to your area can be contacted via cell phone. Please call the Bureau Veritas office at (817) 335-8111 or toll free (877) 837-8775 for your inspector's name and number.

**We look forward to working with you to ensure that the community is provided with a safe and durable built environment.**

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## **Building Requirements**

This document is not meant to modify any Federal or State laws or City Ordinances. It is intended to be informative and to be used as a guideline. Where circumstances of a particular job differ from these procedures, the decision of the Building Department will prevail.

### **Building Codes**

All Federal, State and local requirements are applicable to projects constructed within the City's jurisdiction whether specifically listed herein or not. The City of Florence, Texas, has adopted the following codes regulating building construction.

*2006 International Building Code*

*2006 International Residential Code*

*2006 International Fire Code*

*2006 International Plumbing Code*

*2006 International Mechanical Code*

*2006 International Energy Conservation Code*

*2006 International Fuel and Gas Code*

*2005 National Electrical Code*

*Reference the City of Florence Code of Ordinance for zoning requirements*

### **Building Permit**

Before a building permit will be issued, all plans and documents related to the permit application must be submitted to the City of Florence and all applicable fees paid to the City. All new construction, alterations, or additions require a building permit. All applications must be legible and completely filled out, dated, signed by the builder and all the builders MEP contractors must be listed on the application. Verified address with lot, block, subdivision and phase is required on all applications.

All Contractors performing work within the City jurisdiction must be registered with the City.

Construction or building without a permit is subject to a fine double the permit fee.

## **Building Requirements**

### **Plan Review**

The City will verify submittal documents are complete and forward to Bureau Veritas for Plan Review. Bureau Veritas will contact the applicant directly if additional information and/or documents are required and to discuss any noncompliance or deviation from City zoning and adopted Code requirements.

### **Inspections**

Inspections received by 5:00 p.m. Monday – Friday will be performed the next business day. Inspections related to building construction must be called into Bureau Veritas at (877) 837-8775 or faxed to (877) 837-8859. Inspection requests can also be emailed to: [inspectionstx@us.bureauveritas.com](mailto:inspectionstx@us.bureauveritas.com) Permit packet that includes the approved plans and documents and all inspection tickets must be on site at the time of inspection.

The building final inspection must be passed prior to occupancy of building.

### **Construction Site**

A temporary property address must be posted at the front of the lot and readable from the street. Permanent street numbers must be displayed before final inspection.

A portable sanitary restroom for your workers MUST be on your property until the final inspections are approved.

Construction area shall be maintained until job completion. NO construction material, debris, or sanitary restroom facility shall be placed or stored in the public right-of-way or drainage areas at any time.

Erosion control must be in place prior to the first inspection.

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## New/Remodel Commercial Plan Review Checklist

Project Address: \_\_\_\_\_ Project Name: \_\_\_\_\_

**Permit Application with an original signature must be complete and submitted with the following information:**

\_\_\_\_\_ **(3) Site Plans to include:**

- \_\_\_\_\_ Legal Description (lot, block, subdivision)
- \_\_\_\_\_ Property lines and lot dimensions
- \_\_\_\_\_ Proposed structure and all existing buildings
- \_\_\_\_\_ All easements
- \_\_\_\_\_ Existing and proposed location of utility poles, pad mounted transformers
- \_\_\_\_\_ Existing and proposed fire hydrant locations, and size of water lines

\_\_\_\_\_ **(3) Parking lot layout plans and Grading plans**

\_\_\_\_\_ **(3) Commercial Energy Code Compliance (2006 IECC)**

To include Lighting Compliance, Mechanical Compliance and Building Envelope (if applicable).

\_\_\_\_\_ **(3) Sets of plans** to include floor plan, exterior elevations, roof design, Foundation plan, MEP design, construction details, window/door schedule.

\_\_\_\_\_ **(3) Sets**

- \_\_\_\_\_ Fire lane location and construction plans and details,
- \_\_\_\_\_ Underground Fire Line plans (NFPA 24)
- \_\_\_\_\_ Fire suppression system plans to include fire sprinkler (NFPA 13)
- \_\_\_\_\_ Kitchen suppression systems and documents (NFPA 17, 17A as applicable)
- \_\_\_\_\_ Fire alarm system plans (NFPA 72)
- \_\_\_\_\_ Emergency access plans

\_\_\_\_\_ **Driveway approaches and drainage culverts** - Engineered plans (Driveways accessing State Highways require TXDOT permit)

\_\_\_\_\_ **TDLR #** - Architectural Barriers Registration (if \$50,000.00 or over)

\_\_\_\_\_ **Asbestos Survey or Compliance Statement** (if demo or remodel)

*Contractor Registration required for General, Electrician, Plumber, Mechanical, Irrigator, Backflow Tester*

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## Commercial Permit Submittal Requirements

**CONSTRUCTION DOCUMENT SUBMITTALS:** Three (3) copies of the completed set of construction documents are required for plan review. Construction documents must be submitted along with completed permit application form.

**Note:** Drawings containing a label such as "not for construction" or "for pricing only" will not be accepted for permit application.

**PROFESSIONAL LICENSE:** Each drawing and document shall be sealed, signed, dated and designed by a State of Texas Registered Architect, Registered Engineer, Registered Interior Designer, where applicable as required by the State of Texas Engineering and Architect Practice Act.

**REQUIRED DRAWINGS AND DOCUMENTS:** (City Building Inspection Department may request additional information if necessary).

Drawings must be drawn to scale, dimensioned and of sufficient clarity.

1. Site plan<sup>(a)</sup>
2. Floor plans and roof plans
3. Exterior elevation
4. Door schedules, window schedules, hardware schedules
5. Construction details; interior elevations and interior finish schedules
6. Structural plans must include: foundation plans, roof and floor framing plans, wall sections and details
7. Mechanical, electrical and plumbing site plans and schedules
8. Plumbing plans (including riser diagram)
9. Mechanical plans
10. Electrical plans (including riser diagrams)
11. Certified Energy Compliance Report (2009 IECC)<sup>(b)</sup>
12. Asbestos Survey (for renovation or demolition permits)<sup>(c)</sup>
13. Texas Department of Licensing and Regulation architectural barriers project registration information<sup>(d)</sup>

### NOTE:

- a. The Plat must be approved and the Site plan must be released by the Planning/Engineering Department before a permit will be issued.
- b. U.S. Department of Energy, [www.energycodes.gov](http://www.energycodes.gov)
- c. Texas Department of Health, Asbestos Program Branch [1-512-834-6600, [www.dshs.state.tx.us/asbestos](http://www.dshs.state.tx.us/asbestos)]
- d. Texas Department of Licensing and Regulation [1-800-803-9202, [www.license.state.tx.us](http://www.license.state.tx.us)]

# City of Florence

## CONTRACTOR REGISTRATION FORM

### TYPE OF CONTRACTOR LICENSE

|  |  |
|--|--|
| <input type="checkbox"/> ELECTRICAL CONTRACTOR   | <input type="checkbox"/> MECHANICAL (HVAC)                       |
| <input type="checkbox"/> MASTER ELECTRICIAN      | <input type="checkbox"/> IRRIGATOR (LANDSCAPE)                   |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN  | <input type="checkbox"/> BACKFLOW <i>(special form required)</i> |
| <input type="checkbox"/> MASTER SIGN ELECTRICIAN | <input type="checkbox"/> THIRD PARTY ENERGY PROVIDER             |
| <input type="checkbox"/> MASTER PLUMBER          | <input type="checkbox"/> OTHER                                   |
| <input type="checkbox"/> JOURNEYMAN PLUMBER      | <input type="checkbox"/> OTHER                                   |

### 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**

# City of Florence

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 Fax: (254) 793-3766

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## Commercial Building Permit Application

|   |                               |                                     |                                     |
|---|-------------------------------|-------------------------------------|-------------------------------------|
| Building Permit Number: _____   |                               | Valuation: _____                    |                                     |
| Project Name: _____   |                               | Square Foot: _____                  |                                     |
| Project Address: _____  |                               |                                     |                                     |
| Project Description:  | New <input type="checkbox"/>  | Addition <input type="checkbox"/>   | Remodel <input type="checkbox"/>    |
|   | Sign <input type="checkbox"/> | Plumbing <input type="checkbox"/>   | Mechanical <input type="checkbox"/> |
|   |                               | Electrical <input type="checkbox"/> | Finishout <input type="checkbox"/>  |
|   |                               |                                     | Other <input type="checkbox"/>      |
| Scope of Work: _____  |                               |                                     |                                     |
| 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 Number: _____      |  | Fax Number: _____     |  |
| Email: _____             |  |                       |  |

|                              |                |              |  |
|------------------------------|----------------|--------------|--|
| <b>Engineer</b>              | Contact Person | Phone Number | Email  |
|                              |                |              |  |
| <b>Architect</b>             | Contact Person | Phone Number | Email  |
|                              |                |              |  |
| <b>General Contractor</b>    | Contact Person | Phone Number | Contractor License Number <input type="checkbox"/> |
|                              |                |              |  |
| <b>Mechanical Contractor</b> | Contact Person | Phone Number | Contractor License Number <input type="checkbox"/> |
|                              |                |              |  |
| <b>Electrical Contractor</b> | Contact Person | Phone Number | Contractor License Number <input type="checkbox"/> |
|                              |                |              |  |
| <b>Plumbing Contractor</b>   | Contact Person | Phone Number | Contractor License Number <input type="checkbox"/> |
|                              |                |              |  |
| <b>TPO Energy Provider</b>   | Contact Person | Phone Number | Contractor License Number <input type="checkbox"/> |
|                              |                |              |  |

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.

***A certificate of occupancy must be issued before any building is occupied.***

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: Approvals are required from all departments prior to issuance of permit**

|                    |             |
|--------------------|-------------|
| Approved by: _____ | Date: _____ |
|--------------------|-------------|

Building Permit Fee: \_\_\_\_\_  
 Water Deposit: \_\_\_\_\_  
 Water/Sewer Tap Fees: \_\_\_\_\_

Total Fees: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Issued Date: \_\_\_\_\_  
 Issued By: \_\_\_\_\_  
 BV Project #: \_\_\_\_\_

City Hall (254) 793-3717

City of Florence  
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**BACKFLOW PREVENTION TEST & MAINTENANCE REPORT**

The following form must be completed for each assembly tested. \*A signed and dated ORIGINAL must be submitted to the City of Florence  
 Illegible or incomplete reports will not be accepted.

RESIDENTIAL

COMMERCIAL

| CUSTOMER INFORMATION   |              |  |           |
|--|--------------|--|-----------|
| PROPERTY OWNER / BUSINESS / AGENT  |              |  |           |
| MAILING ADDRESS  |              | CITY   | STATE ZIP |
| BACKFLOW ASSEMBLY INFORMATION  |              |  |           |
| OCCUPANT / BUSINESS NAME   |              |  |           |
| SERIAL #   | MANUFACTURER | MODEL  | SIZE      |
| PHYSICAL ADDRESS   |              | ASSEMBLY LOCATION ON PROPERTY                                    |           |
| PUBLIC WATER SYSTEM ID #<br>2460005  |              | PURPOSE OF ASSEMBLY  |           |
| TYPE OF ASSEMBLY   |              |  |           |
| <input type="checkbox"/> Reducer Pressure Assembly   |              | <input type="checkbox"/> Reducer Pressure Principle-Detector     |           |
| <input type="checkbox"/> Double Check Valve  |              | <input type="checkbox"/> Double Check-Detector                   |           |
| <input type="checkbox"/> Pressure Vacuum Breaker   |              | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |           |
| Is the assembly installed in accordance with manufacturer recommendations and/or local codes? <input type="checkbox"/> YES <input type="checkbox"/> NO |              |  |           |

THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.

|                              | REDUCER PRESSURE BACKFLOW PREVENTION ASSEMBLY   |   | PRESSURE VACUUM BREAKER                                      |  |  |
|------------------------------|---|---|--|--|--|
|                              | DOUBLE-CHECK VALVE ASSEMBLY   |   | RELIEF VALVE   | AIR INLET  | CHECK VALVE  |
|                              | 1 <sup>ST</sup> CHECK   | 2 <sup>ND</sup> CHECK   |  |  |  |
| INITIAL TEST                 | Held at _____ PSI<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Held at _____ PSI<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at _____ PSI<br>Did not open <input type="checkbox"/> | Opened at _____ PSI<br>Did not open <input type="checkbox"/> | Held at _____ PSI<br>Leaked <input type="checkbox"/> |
| TEST AFTER REPAIRS           | Held at _____ PSI<br>Closed Tight <input type="checkbox"/>                                    | Held at _____ PSI<br>Closed Tight <input type="checkbox"/>                                    | Opened at _____ PSI  | Opened at _____ PSI  | Held at _____ PSI                                    |
| **REPAIRS AND MATERIALS USED |   |   |  |  |  |
| TEST GAUGE USED              | MAKE/MODEL  | GAUGE SERIAL #:   |  | CALIBRATION DATE:  |  |
| REMARKS                      |   |   |  |  |  |

I CERTIFY ALL INFORMATION ON THIS REPORT IS TRUE AND CORRECT AS OF THE DATE OF THIS TEST.

|                               |                 |       |     |     |
|-------------------------------|-----------------|-------|-----|-----|
| COMPANY NAME                  | COMPANY ADDRESS | CITY  | ST  | ZIP |
| BACKFLOW TECH NAME            | CERTIFICATION # | PHONE | FAX |     |
| BACKFLOW TECHNICIAN SIGNATURE |                 | DATE  |     |     |

\*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS.

\*\*USE ONLY MANUFACTURES REPLACEMENT PARTS.