

City of New Waverly

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MECHANICAL PERMIT APPLICATION

Expires in 6 months (180 days); Non-Transferable

Building Permit # _____

Application Date: _____

Jobsite Address: _____

Legal Property Description: _____ Lot: _____ Block: _____ Section: _____

Property Owner: _____ Phone: _____ Email: _____

Property Owner Mailing Address: _____

Contractor: _____ Company Email: _____

Company Address: _____

Field Supervisor Name: _____ Email: _____

Cell Phone: _____

☐ Residential ☐ Commercial Valuation of Work: \$ _____
☐ Less than 5,000 SF ☐ More than 5,000 SF
☐ New ☐ Addition ☐ Alteration ☐ Other: _____

Inspections = \$125 each. Re-inspections = \$125 each. Additional inspections required during project = \$125 each

Work Description and Additional Notes:	Typical Inspections Required:
	☐ Rough: # Inspections _____ ☐ Duct Seal: # Inspections _____ ☐ Final: # Inspections _____ ☐ Other: _____ # Inspections: _____

Separate Permits are required for Public Utilities; Building; Electrical; Plumbing; Heating, Ventilation & Air Conditioning; Grading; Alarms; Roofing; Landscaping; Fire Sprinklers and Lawn Sprinklers. I certify that I am an authorized signer with the authority to submit this application. I certify that I have read and examined this application and attest that the information I am providing is correct. I understand that it is against the law to make a false statement on a government document and that incomplete applications will be denied. I agree to comply with all provisions of laws and ordinances governing this type of work, whether specified herein or not. The approval of this application does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Applicant Signature: _____ Printed Name: _____ Date: _____

OFFICE USE ONLY

☐ Receipted for Review by: _____ Date: _____

☐ Approved by: _____ Date: _____

Base Application Fee:	\$ 50.00
Inspection Fees:	\$
Total Fees Due:	\$
Receipt #:	