



## Liberty County Permit & Inspection Department

### CELL TOWER (New, Additions or Modifications) PERMIT APPLICATION

Effective Date: August 1, 2012

LIBERTY COUNTY  
ENGINEERING  
DEPARTMENT  
PERMIT DIVISION  
2103 COS STREET  
LIBERTY, TEXAS 77575  
936-336-4558 (EXT 231)  
936-334-8802 FAX

DATE RECEIVED	PERMIT #	FEE AMOUNT \$400
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FOR STAFF USE ONLY:  OFD  RSH  LOTT  STORMWATER  PLANNING  WATER SHOP

SITE LOCATION
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Site Address: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

Latitude \_\_\_\_\_, Longitude \_\_\_\_\_ (decimal degrees)

TYPE OF WORK
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Building Use Classification: \_\_\_\_\_

BUILDING PERMIT INFORMATION
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Description of work to be done (Please be specific): \_\_\_\_\_

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

\*Value of Construction: \$ \_\_\_\_\_

Gross Building Square Footage of Project: \_\_\_\_\_

PROPERTY OWNER
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Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

GENERAL CONTRACTOR INFORMATION
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Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

State Contractor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DESIGN PROFESSIONAL (Architect/Engineer)
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Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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Signature:

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Print Name:

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Date: