

City of Schulenburg

Residential Fence Permits

When is a permit needed? A permit is required for a new fence, replacing the posts, changing the height, or moving a fence from its current location.

What are the requirements for a Residential Fences?

On a corner lot in any district, nothing shall be erected, placed, planted or allowed to grow in such a manner as materially to impair vehicle drivers' vision at intersections, within a triangle defined by the property lines and a line joining two (2) points located twenty (20) feet back from the property lines intersection; except that fences, walls, hedges may be permitted that such fences, walls, and/or hedges do not impair vision from three (3) feet to six (6) feet above the curb line elevation.

Retaining Walls - An Engineered stamped design is required for retaining walls over 4 feet in height.

When is a permit needed? A permit and plan review is required for all Fences and Retaining Walls. A permit fee is due at submission of application.

Submittal documents: Fill out a Residential permit application and submit (2) site plans which include the following: (You may use a copy of a survey of your lot and draw the above requirements.)

- _____ Location of main building on lot and all other structures on property.
- _____ Location of proposed fence or retaining wall on property.
- _____ Height of fence or retaining wall.
- _____ Construction material used.
- _____ All streets and alleys.



City of Schulenburg

Phone: 979-743-4126

535 N Main Street

Fax: 979-743-4760

Schulenburg, Tx 78956

Residential Permit Application

Building Permit Number: _____		Valuation: _____	
Project Address: _____			
Lot: _____	Block: _____	Subdivision: _____	
Project Description:		SPECIFY OTHER: _____	
NEW SFR <input type="checkbox"/>	SFR REMODEL/ADDITION <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>	
PLUMBING <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	SWIMMING POOL <input type="checkbox"/>	
FENCE <input type="checkbox"/>	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	
Description of Work:			
Area Square Feet: _____		Covered	
Living: _____	Garage: _____	Porch: _____	Total: _____
			Number of stories: _____

Owner Information: _____			
Name: _____		Contact Person: _____	
Address: _____			
Phone Number: _____		E-mail: _____	
			Mobile Number: _____

General Contractor	Contact Person	Phone Number	Contractor License Number
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number
Electrical Contractor	Contact Person	Phone Number	Contractor License Number
Plumber/Irrigator	Contact Person	Phone Number	Contractor License Number

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.

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:

Approved by: _____	Date approved: _____	
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Building Permit Fee: _____	Water Tap Fee: _____	Total Fees: _____
Electrical Permit Fee: _____	Sewer Tap Fee: _____	Issued Date: _____
Mechanical Permit Fee: _____		Issued By: _____
Plumbing Permit Fee: _____		

BV Project # _____



City of Schulenburg

535 N Main Schulenburg, TX 78956 (979)743-4126

CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

- | | |
|-------------------------------|--|
| _____ ELECTRICAL CONTRACTOR | _____ MECHANICAL (HVAC) |
| _____ MASTER ELECTRICIAN | _____ IRRIGATOR (LANDSCAPE) |
| _____ JOURNEYMAN ELECTRICIAN | _____ BACKFLOW (SPECIAL FORM REQUIRED) |
| _____ MASTER SIGN ELECTRICIAN | _____ OTHER |
| _____ JOURNEYMAN PLUMBER | _____ THIRD PARTY ENERGY PROVIDER |

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____ PHONE: _____

ADDRESS (MAILING): _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE