

New Residential Building Permit Check List:

- ❑ Building Permit Application filled out and signed.
 - *All sub-contractors (electrical, HVAC, irrigation, plumbing) must be registered with the City before a permit can be issued.*
 - *a copy of their state-issued contractor license*
 - *a copy of photo I.D.*
 - *copy of Certificate of insurance -with Haslet as certificate holder*
 - *\$50 registration fee for HVAC and irrigation contractors*
 - *\$0 registration fee for plumbing or electrical contractors*

- ❑ A copy of the site plan with setbacks from property lines and any existing structure on property. Also must show drainage plan and finished floor level.

- ❑ 2 printed copies + an electronic version (emailed or flash drive) of the building plans including:
 - ❑ engineered foundation drawings
 - ❑ engineered wall bracing plans
 - ❑ electrical plans
 - ❑ plumbing plans
 - ❑ HVAC plans
 - ❑ Landscape plan

- ❑ A list of the building materials to be used.

- ❑ Residential Energy Code Compliance Certificate.

- ❑ Residential Energy Compliance Path Form.

- ❑ Utility Service Application filled out.

- ❑ If septic system is being used, then we need a copy of the septic system permit from Tarrant County. Also the location of the septic system should be shown on the site plan.

- ❑ All applicable fees must be paid in full before permit is issued.

(Fences, fire alarms, fire sprinkler systems, accessory buildings, and irrigation systems require separate permits).



RESIDENTIAL BUILDING PERMIT APPLICATION

City of Haslet
101 Main St.
Haslet, Texas 76052
817-439-5931 ext.107
817-439-1606 (F)

SUBMITTAL REQUIREMENTS: Submit 2 sets of plans as may be necessary to clarify work.

Property Information **PERMIT NUMBER:** _____

Address: _____

Legal Description: _____

Tract (attach metes & bounds description) SUBDIVISION: _____ ZONING: _____

Applicant Information

You Are: Homeowner Builder/Contractor Authorized Agent

Name: _____ Phone No: _____

Mail Address: _____ Fax No.: _____

City: _____ State & Zip Code: _____ Email: _____

Builder/Contractor Information

Builder Company Name: _____

Contact Name: _____ Phone No: _____ Fax No: _____

Mail Address: _____ City: _____ State & Zip: _____

License No.: _____ Email: _____

Scope of work: _____

SubContractors (List Name, Address, License#)

Plumbing: _____

Electrical: _____

Mechanical: _____

Irrigator: _____

Type of Construction

New Addition Remodel/Alteration Accessory Demolition

Electrical Plumbing Mechanical One Story Two Story Other _____

Resident Sq. Ft.: _____ Garage/Accessory Sq. Ft.: _____

CONSTRUCTION VALUE \$ _____

NOTICE: This permit becomes null and void if work or construction authorized is not commenced within 120 days, or if construction or work is suspended or abandoned for a period of 90 days at any time after work is commenced.

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 herein 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. The issuance of a permit neither exempts nor modifies any covenants, deed restrictions, City ordinances or State or Federal Laws, whether herein specified or not.

Signature of Applicant: _____ Date: _____

Applicant is responsible for calling in to schedule inspection and making arrangements for the work to be accessible to be inspected. To Schedule Inspections call 817-439-5931 ext. 107.

OFFICE USE ONLY

Building Permit Fee: _____ PM	Sewer Installation: _____ ST	Approved by: _____ Date: _____ Expires: _____
Water Installation: _____ WT	Sewer Impact Fee: _____ SIM	
Water Impact Fee: _____ WIM	Park Land Fee: _____ PARK	
Fort Worth Fee: _____ FIM	Plan Review Fee: _____ PLAN	
Water Deposit: _____	Other: _____ MPM	
Special Meter Cost: _____ WT	TOTAL FEES DUE: _____	



City of Haslet
Residential Energy Compliance Path
Energy Code Requirements of the 2015 IRC (IECC)
Submit with application for a building permit

Project Address: _____ **Permit No.:** _____

N1101.13 (R401.2) – Projects shall comply with one of the following:

Option #1a – Prescriptive: Sections N1101.14 (R401) through N1104 (R404):

N1102 (R402) Building Thermal Envelope. {Using table N1102.1.2 (R402.1.2) INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT}

N1103 (R403) Systems.

N1104 (R404) Electrical Power and Lighting Systems (Mandatory).

Plus all mandatory provisions

Option #1b – Prescriptive-Using REScheck™ UA approach Only: Sections N1101.14 (R401) through N1104 (R404):

N1102 (R402) Building Thermal Envelope.

N1103 (R403) Systems.

N1104 (R404) Electrical Power and Lighting Systems (Mandatory).

Plus all mandatory provisions

Option #2 – Section N1105 (R405) Performance Approach

Plus all mandatory provisions

Option #3 – ENERGY STAR Certified Homes®

Option #4 – Section N1106 (R406) Energy Rating Index Compliance Alternative

Minimum envelope requirements \geq Table 402.1.2 or 402.1.4 – 2009 IECC

Plus all mandatory provisions

Option #5 – ESL 4ACH⁵⁰ Tradeoff Code Equivalency Compliance^a

Envelope Component	Option #1	Option #2
R402.4 Air Leakage	$\leq 4ACH^{50}$	$\leq 4ACH^{50}$
Wall Insulation Value	$R_{13} + R_{3}^b$	$R_{13} + R_{3}^b$
Fenestration U-factor/SHGC	$\leq 0.32/0.25$	$\leq 0.32/0.25$
Ceiling R-value	$\geq R_{49}$	$\geq R_{49}$
Duct Insulation	R8	R6
Radiant Barrier Required	No	Yes

^a Except for the values listed in the table, all other mandatory code provisions are applicable.

^b First value is cavity insulation, second is continuous insulation or insulated siding.

NOTE: Attach appropriate compliance option “compliance report”

I certify that I have reviewed the construction documents including, but not necessarily limited to, insulation materials and R-values; fenestration U-factors and SHGC values; area-weighted average U-factor and SHGC calculations; mechanical system design criteria; mechanical and service water heating system and equipment types, sizes and efficiencies; equipment and system controls; duct sealing, duct and piping insulation and location; and air sealing details; and that the project as designed satisfies the minimum requirements for the compliance approach selected above.

Print Name: _____ **Sign Name:** _____

Date: _____



City of Haslet
Residential Energy Compliance Certificate
Energy Code Requirements of the 2015 IRC (IECC)
Provide this form at building completion prior to final inspection

Project Address: _____

Permit Number: _____

DUCT LEAKAGE TESTING VERIFICATION

Rough-In Test Option (R403.3.3)

Post Construction Option (R403.3.3)

System #1 - _____ CFM25 System #2 - _____ CFM25 System #3 - _____ CFM25

System #4 - _____ CFM25 System #5 - _____ CFM25 System #6 - _____ CFM25

I certify that I have conducted a **duct leakage test** and it has passed the requirements of the 2015 International Energy Conservation Code. I further certify that I am certified to perform duct leakage testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity, and have not installed the HVAC system; nor am I employed or have any financial interest in the company that constructs the structure.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

BUILDING THERMAL ENVELOPE LEAKAGE TESTING VERIFICATION

Building Thermal Envelope Leakage Testing (R402.4.1.2): _____ ACH50

I certify that I have conducted an **air leakage test** and it has passed the requirements of the 2015 International Energy Conservation Code. I further certify that I am certified to perform air infiltration testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity, nor am I employed or have any financial interest in the company that constructs the structure.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

COMPLIANCE STATEMENT

We have concluded all inspections, testing and plan reviews of the above project and hereby declare it in compliance with the residential provisions of the 2015 IECC, as amended, for the selected compliance approach.

- Option 1(a) **Prescriptive:** Sections N1101.14 (R401) through N1104 (R404)
- Option 1(b) **Prescriptive: REScheck™ UA Approach Only:** Sections N1101.14 (R401)-N1104 (R404) (*attach report*)
- Option 2 **Performance:** Section N1105 (R405) Performance Approach (*attach report*)
- Option 3 **ENERGY STAR Certified Homes®** (*attach certificate*)
- Option 4 **Energy Rating Index Compliance Alternative (ERI):** Section N1106 (R406) ERI: _____
- Option #5 **ESL 4ACH⁵⁰ Tradeoff Code Equivalency Compliance**

Agency and Certification Number: _____

Agency Contact Information: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____



City of Haslet Residential Utility Service Application

Service Address: _____ Service Start Date: _____

Applicant or Company Name: _____

Mailing Address: _____
(If different than service address) Street Address City/State/Zip Code

Social Security #/Tax ID #: _____ Driver's License/I.D #: _____ State _____

Home Phone #: _____ Cell Phone #: _____

Employer Name: _____ Work Phone #: _____

Employer Address: _____
(If different than service address) Street Address City/State/Zip Code

Email Address: _____

Please select how you would like to receive your bills (if nothing is checked you will receive your bill by regular mail):

- By email By regular mail Both

Co-Applicant Name: _____

Please check the one that applies:

- Owner Renter Builder/Contractor Realtor Other

Emergency Contact: _____ Phone #: _____

Have you previously had utility service in the City of Haslet? Yes No

If yes, please provide the service address: _____

- Check here if you authorize the City of Haslet to withhold your name and address from public inquiry.

To request a trash cart or recycling cart, please indicate below:

- Trash Cart How Many? _____* Recycling Cart

Signature: _____ Date: _____

* There is an additional charge per month for more than one trash cart at the residence.

FOR OFFICE USE ONLY	
Account #: _____	
Type of Service: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash	Beginning Read: _____
Deposit amount and payment type: _____	Date received: _____
New Res. Packet: <input type="checkbox"/> In Person <input type="checkbox"/> Mailed	