



# CONSTRUCTION PERMIT APPLICATION

The City of Weston has adopted the 2018 International Building, Existing Building, Residential, Plumbing, Mechanical, Fuel Gas, Energy Conservation, Existing Building, the 2021 International Fire Code, and the 2017 National Electrical Code, as well as all NCTCOG Regional Amendments, as the official municipal codes of the City.

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Site Address \_\_\_\_\_ City/State \_\_\_\_\_  
Tract \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
Contractor Name (if different from Owner) \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State: \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Contact Email \_\_\_\_\_

**Residential**

**Commercial**

## Choose ONE Permit Type

New Construction Addition Remodel/Alteration Detached Demolition Flatwork Manufactured Home  
E Excavation ☐ Foundation ☐ Roof Fence ☐ Alarm ☐ Sprinkler F Certificate of Occupancy  
☐ Electrical ☐ Gas ☐ HVAC Plumbing Pool I/G A/G Spa/Hot Tub I/G A/G

## Mark ALL that apply

|                    |                                      |  |   |                                    |  |                                |                                |
|--------------------|--------------------------------------|--|---|------------------------------------|--|--------------------------------|--------------------------------|
| Construction Type: | <input type="checkbox"/> Frame       | <input type="checkbox"/> Brick         | <input type="checkbox"/> Block          | <input type="checkbox"/> Steel     | Other                                      | Gunite                         | Shotcrete                      |
| Exterior Walls:    | <input type="checkbox"/> Siding      | <input type="checkbox"/> Brick         | <input type="checkbox"/> Brick & Siding | <input type="checkbox"/> Stone     | <input type="checkbox"/> Brick & Stone     | <input type="checkbox"/> Block | <input type="checkbox"/> Metal |
| Interior Walls:    | <input type="checkbox"/> Sheetrock   | <input type="checkbox"/> Paneling      | <input type="checkbox"/> Plaster        |                                    |  |                                |                                |
| Foundation:        | <input type="checkbox"/> Slab        | <input type="checkbox"/> Floating Slab | <input type="checkbox"/> Pier & Beam    | Slab with piers                    |  |                                |                                |
| Floors:            | <input type="checkbox"/> Carpet      | <input type="checkbox"/> Vinyl         | <input type="checkbox"/> Tile           | <input type="checkbox"/> Wood      | <input type="checkbox"/> Finished Concrete |                                |                                |
| Roof Type:         | <input type="checkbox"/> Hip         | <input type="checkbox"/> Gable         | <input type="checkbox"/> Flat           | <input type="checkbox"/> Fireplace |  |                                |                                |
| Roofing:           | <input type="checkbox"/> Composition | <input type="checkbox"/> Wood Shingle  | <input type="checkbox"/> Tile           | <input type="checkbox"/> Metal     |  |                                |                                |
| Power:             | <input type="checkbox"/> Electric    | LP /Propane                            | Heat Pump                               |                                    |  |                                |                                |
| Other:             | Irrigation                           | Alarm                                  | Walkway                                 | Fireplace                          |  |                                |                                |

**A DUMPSTER IS REQUIRED FOR ALL CONSTRUCTION, MUST BE CONSISTENLY USED, AND EMPTIED WHEN FULL.**

CONSTRUCTION VALUE: \$ \_\_\_\_\_

Lot Width \_\_\_\_\_ ft. Lot Length \_\_\_\_\_ ft. A/C Square Feet \_\_\_\_\_ Total Square Feet \_\_\_\_\_

Setbacks Front \_\_\_\_\_ ft. Back \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.

No. of Stories \_\_\_\_\_ No. of Dwelling units \_\_\_\_\_

*This permit becomes null and void if work or construction has not commenced within 180 days of issuance or if construction or work is suspended or abandoned for a period of 180 days once work has commenced.*

I hereby certify that I am an authorized agent of the owner, have the owner's consent to enter onto the property to complete the work, and 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 to cancel the provisions of any other state or local law regulating construction or the performance of construction.

Builder/Owner \_\_\_\_\_

PRINT

SIGNATURE

PO Box 248, Weston TX 75097

301 Main Street

Phone (972) 382-1001

cityhall@westontexas.com

www.westontexas.com

## CONTRACTOR LISTING

General Contractor \_\_\_\_\_ Company \_\_\_\_\_ Signature \_\_\_\_\_

Situs 9-1-1 Address or Legal Description \_\_\_\_\_  
(may be located at <https://www.collincad.org/propertysearch>)

[illegible]



# CONTRACTOR/TRADE REGISTRATION

Separate form required for each licensed business or individual

All contractors whose trade requires a permit to work in the City of Weston, including General Contractors, (see Weston's Fee Schedule for a listing of available permits), must register with the City of Weston. Registrations are valid for one year. Forms and a check or money order in the amount of \$75, made payable to City of Weston, must be submitted to the City Secretary at City Hall (301 Main St, Weston TX 75097) during normal business hours (M-W 8-4; Th 8-2; and closed on Fridays). In accordance with TX Occupations Code Sections 1301.551 and 1305.201, no fee will be collected from plumbing or electrical contractors.

**PLEASE PRINT**

BUSINESS OR SERVICE TYPE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

STATE-ISSUED LICENSE HOLDER \_\_\_\_\_ STATE-ISSUED LICENSE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ 24-HR PHONE \_\_\_\_\_

With this signature I certify that:

- I currently possess the State required minimum Liability Insurance
- All trash will be removed from on-site and will be properly disposed of
- I must renew annually or before my state issued license expires, which comes first
- All information on this application is true and correct

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REGISTRATION VALID FOR ONE YEAR** (Subject to satisfactory work record)



City of Weston  
PO Box 248  
Weston TX 75097

# 911 ADDRESSING APPLICATION

Owner Name \_\_\_\_\_  
Print Signature

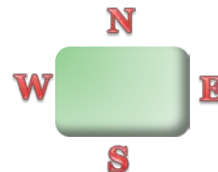
Current Mailing Address \_\_\_\_\_  
Street City, State, Zip

Phone \_\_\_\_\_  
Home Cell Other

Email \_\_\_\_\_

## SITE LOCATION INFORMATION

Road \_\_\_\_\_ Driveway Location Relative to Road



Nearest Intersecting Road \_\_\_\_\_

Direction from Intersection ☐ N ☐ S ☐ E ☐ W

OR

Legal Description \_\_\_\_\_  
(may be located at <https://www.collincad.org/propertysearch>)

## STRUCTURAL INFORMATION

☐ Residential ☐ Commercial ☐ Existing ☐ New

☐ House ☐ Barn ☐ Detached ☐ Mobile Home ☐ Other \_\_\_\_\_

☐ 1 Story ☐ 2 Story ☐ 3+ Story ☐ Multi-Unit \_\_\_\_\_ Units



# RESIDENTIAL ENERGY CODE PLAN REVIEW COMPLIANCE

Select one of the following compliance methods and attach compliance report

ICC Energy Code Certification # \_\_\_\_\_ (mandatory)

HERS Raters RTN # \_\_\_\_\_ RESNET Rater # \_\_\_\_\_ Texas HERO PVT # \_\_\_\_\_

- ☐ **ENERGY STAR for Homes Compliance** – Environmental Protection Agency's (EPA) ENERGY STAR® designation as it stands upon the date of submission.
- ☐ Include **signed** 2018 IECC Energy Cost Compliance Report indicating the proposed project will meet or exceed standards (2018 IECC with NCTCOG), **AND**
- ☐ Include **signed** ENERGY STAR V3.0 Home Verification Summary indicating the proposed project will meet or exceed current Energy Star standards along with HERS Rater's RTIN Number
- ☐ **REM/RATE**
- ☐ REM/Rate 2018 IECC – this report submittal type shall include either ICC certification number or HERS RTIN number for Third Party Inspector (this report may be supplied as is, since it is currently more stringent than the NCTCOG amendments); **OR**
- ☐ REM/Rate North Central Texas 2018 IECC Performance Report – this report submittal shall include either ICC certification number or HERS RTIN number for Third Party Inspector
- ☐ **IC3 v3.13 2018 NCTCOG** – *Shall include the Third Party's ICC certificate number or HERS Rater's RTN number, date of report and include modeling for NCTCOG amendments.*
- ☐ **Prescriptive Approach** - *Signed Statement and Attached Report from approved party stating that the project will meet the 2018 IECC Prescriptive requirements with (NCTCOG) 2018 IECC Amendments*

With this signature I certify that the below list address located in Weston, TX complies with the adopted Energy Code.

Prepared By \_\_\_\_\_  
PRINT

\_\_\_\_\_  
SIGNATURE

Representing \_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

Construction Address \_\_\_\_\_



# PROTECTION AGAINST TERMITES

The residence addressed below meets or exceeds the requirements for protection against termites set forth in the International Residential Code.

PLEASE PRINT

PROTECTION PROVIDER (COMPANY) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

BUSINESS EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

NAME OF TSCPb CERTIFIED APPLICATOR \_\_\_\_\_

SIGNATURE OF TSCPb CERTIFIED APPLICATOR \_\_\_\_\_

STATE LICENSE # OF TSCPb CERTIFIED APPLICATOR \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF COLLIN

*Oldest City in Collin County*

\_\_\_\_\_, personally appeared before me, and being first duly sworn declared that, he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements there in contained are true.

(seal)

\_\_\_\_\_  
Notary Public Signature

# Texas Commission on Environmental Quality



## Customer Service Inspection Certificate

### Form TCEQ-20699 - Instructions

#### General Instructions:

The purpose of form TCEQ-20699 is to certify the identification and prevention of cross connections, potential contaminant hazards, and illegal lead materials as per *Title 30 of the Texas Administrative Code(30 TAC) 290.46(j)(4)*. The form can be completed one of two ways:

1. The form can be printed and completed manually, or;
2. The form can be completed electronically through an electronic medium (tablet, laptop computer, etc.). The yellow areas on the form can be completed electronically.

**NOTE:** *The form is intended to be completed on-site while the inspection is occurring. If the form is completed electronically, the electronic device must also be on-site for proper use of this form.*

The form must be printed and signed by the Inspector that performed the work. The hardcopy original or a copy must be provided to the Public Water System (PWS) for record keeping purposes as specified in *30 TAC 290.46(f)(3)(E)(iv)*.

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#### Specific Instructions:

Please follow these instructions when completing Form TCEQ-20699:

1. Check boxes: If completing the form electronically, all check boxes are highlighted in yellow and can be selected to make the desired indication. Selecting a box will insert an "X" in the box.
2. Remarks: The "Remarks" section of the form is expandable, which means your final report can be more than one page. Make sure to include all pages when submitting to the local water purveyor.

Texas Commission on Environmental Quality  
**Customer Service Inspection Certificate**

|                      |  |
|----------------------|--|
| Name of PWS:         |  |
| PWS ID #:            |  |
| Location of Service: |  |

Reason for Inspection:      New construction ..... ☐ ☐  
    Existing service where contaminant hazards are suspected ..... ☐ ☐  
    Major renovation or expansion of distribution facilities ..... ☐ ☐

I \_\_\_\_\_, upon inspection of the private water distribution facilities connected to the aforementioned public water supply do hereby certify that, to the best of my knowledge:

| Compliance   | Non-Compliance           |     |  |
|--|--------------------------|-----|--|
| <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> | (1) | No direct connection between the public drinking water supply and a potential source of contamination exists. Potential sources of contamination are isolated from the public water system by an air gap or an appropriate backflow prevention assembly in accordance with Commission regulations.   |
| <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> | (2) | No cross-connection between the public drinking water supply and a private water system exists. Where an actual air gap is not maintained between the public water supply and a private water supply, an approved reduced pressure principle backflow prevention assembly is properly installed and a service agreement exists for annual inspection and testing by a certified backflow prevention assembly tester. |
| <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> | (3) | No connection exists which would allow the return of water used for condensing, cooling or industrial processes back to the public water supply.   |
| <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> | (4) | No pipe or pipe fitting which contains more than 8.0% lead exists in private water distribution facilities installed on or after July 1, 1988 and prior to January 4, 2014.  |
| <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> | (5) | Plumbing installed after January 4, 2014 bears the expected labeling indicating ≤0.25% lead content. If not properly labeled, please provide written comment.  |
| <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> | (6) | No solder or flux which contains more than 0.2% lead exists in private water distribution facilities installed on or after July 1, 1988.   |

I further certify that the following materials were used in the installation of the private water distribution facilities:

Service lines;      Lead ☐ ☐      Copper ☐ ☐      PVC ☐ ☐      Other ☐ ☐  
 Solder;              Lead ☐ ☐      Lead Free ☐      Solvent Weld ☐ ☐      Other ☐ ☐

I recognize that this document shall become a permanent record of the aforementioned Public Water System and that I am legally responsible for the validity of the information I have provided.

|          |  |
|----------|--|
| Remarks: |  |
|          |  |
|          |  |

|                         |                       |
|-------------------------|-----------------------|
| Signature of Inspector: | Registration Number:  |
| Title:                  | Type of Registration: |
| Date:                   |                       |





**Texas Commission on Environmental Quality  
Form TCEQ-20700 - Instructions**

**General Instructions:**

The purpose of form TCEQ-20700 Backflow Prevention Assembly Test and Maintenance Report (T&M Form) is to document the results of testing a backflow prevention assembly. The form can be completed in one of two ways:

1. The form can be printed and completed by hand, or
2. The form can be completed electronically through an electronic medium (tablet, laptop computer, etc.). The yellow areas on the form can be completed electronically.

***NOTE: The form is intended to be completed on-site while testing is occurring. If the form is completed electronically, the electronic device must also be on-site for proper use of this form.***

The form must be printed and signed by the Licensed Tester that performed the work, unless TCEQ approved electronic recording keeping is in use. The hardcopy original must be provided to the Public Water System (PWS) as specified in ***Title 30 of the Texas Administrative Code 290.44(h)(4)(c).***

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**Specific Instructions:**

Please follow the instructions below when completing form TCEQ-20700:

1. Check boxes: If completing the form electronically, all check boxes can be selected to make the desired indication. Selecting a box will insert an "X" in the box.
2. When performing the test, if the "Initial Test" yields acceptable results, do not complete the "Repairs and Materials Used\*" or "Test After Repairs" rows on the form.
3. Remarks: If completing the form electronically, the "Remarks" section of the form is expandable, which means the final report can be more than one page. All pages of the T&M Report must be submitted to the water system.
4. Testing completed by a licensed tester must be documented on one form. Any follow-up testing performed by a different tester must be documented on a separate form.

**Things to remember:**

1. Differential pressure gauges:
  - a. In order to prevent contamination, gauges used on potable water backflow prevention assemblies must **not** be used to test non-potable backflow prevention assemblies.
  - b. Gauges need to be tested for accuracy annually and that date plus the serial number and other gauge information must be correctly recorded on the form. This allows Public water systems to ensure that the gauges are in compliance.
2. Annual testing of backflow prevention assemblies (those installed to protect against health hazards) or differential pressure gauges is to occur no more than 12 months from the last test date.
3. A tester's license is based on the testing procedures described in the University of Southern California's 10th edition manual. These procedures are expected to be used when testing backflow prevention assemblies.
4. Type II assemblies: This form can only accommodate a Type II assembly with a single check bypass.

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping \*purposes:

|                      |  |
|----------------------|--|
| NAME OF PWS:         |  |
| PWS ID#:             |  |
| PWS MAILING ADDRESS: |  |
| PWS CONTACT PERSON:  |  |
| ADDRESS OF SERVICE:  |  |

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

**TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):**

|                          |                                   |                          |   |         |                          |
|--------------------------|-----------------------------------|--------------------------|---|---------|--------------------------|
| <input type="checkbox"/> | Reduced Pressure Principle (RPBA) | <input type="checkbox"/> | Reduced Pressure Principle-Detector (RPBA-D)  | Type II | <input type="checkbox"/> |
| <input type="checkbox"/> | Double Check Valve (DCVA)         | <input type="checkbox"/> | Double Check-Detector (DCVA-D)                | Type II | <input type="checkbox"/> |
| <input type="checkbox"/> | Pressure Vacuum Breaker (PVB)     | <input type="checkbox"/> | Spill-Resistant Pressure Vacuum Breaker (SVB) |         |                          |

|                |       |         |               |       |         |
|----------------|-------|---------|---------------|-------|---------|
| Manufacturer:  | Main: | Bypass: | Size:         | Main: | Bypass: |
| Model Number:  | Main: | Bypass: | BPA Location: |       |         |
| Serial Number: | Main: | Bypass: | BPA Serves:   |       |         |

|   |                              |                                   |                                      |                    |  |
|---|------------------------------|-----------------------------------|--------------------------------------|--------------------|--|
| Reason for test:  | New <input type="checkbox"/> | Existing <input type="checkbox"/> | Replacement <input type="checkbox"/> | Old Model/Serial # |  |
| Is the assembly installed in accordance with manufacturer recommendations and/or local codes? |                              |                                   |                                      |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the assembly installed on a non-potable water supply (auxiliary)?                          |                              |                                   |                                      |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                      |  |                                       |                                       |                                       |   |                                 |
|--------------------------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------|
| <b>TEST RESULT</b>                   | Reduced Pressure Principle Assembly (RPBA) |                                       |                                       | Type II Assembly                      | PVB & SVB   |                                 |
|                                      | DCVA                                       |                                       | Relief Valve                          | Bypass Check                          | Air Inlet   | Check Valve                     |
|                                      | 1 <sup>st</sup> Check                      | 2 <sup>nd</sup> Check***              |                                       |                                       |   |                                 |
| <b>PASS</b> <input type="checkbox"/> |  |                                       |                                       |                                       |   |                                 |
| <b>FAIL</b> <input type="checkbox"/> |  |                                       |                                       |                                       |   |                                 |
| <b>Initial Test</b>                  | Held at _____ psid                         | Held at _____ psid                    | Opened at _____ psid                  | Held at _____ psid                    | Opened at _____ psid  | Held at _____ psid              |
| Date: _____                          | Closed Tight <input type="checkbox"/>      | Closed Tight <input type="checkbox"/> | psid                                  | Closed Tight <input type="checkbox"/> | Did not open <input type="checkbox"/>   | psid                            |
| Time: _____                          | Leaked <input type="checkbox"/>            | Leaked <input type="checkbox"/>       | Did not open <input type="checkbox"/> | Leaked <input type="checkbox"/>       | Did it fully open (Yes <input type="checkbox"/> / No <input type="checkbox"/> ) | Leaked <input type="checkbox"/> |
| Repairs and Materials Used**         | Main: _____<br>Bypass: _____               |                                       |                                       |                                       |   |                                 |
| <b>Test After Repair</b>             | Held at _____ psid                         | Held at _____ psid                    | Opened at _____ psid                  | Held at _____ psid                    | Opened at _____ psid  | Held at _____ psid              |
| Date: _____                          | Closed Tight <input type="checkbox"/>      | Closed Tight <input type="checkbox"/> |                                       | Closed Tight <input type="checkbox"/> |   |                                 |
| Time: _____                          |  |                                       |                                       |                                       |   |                                 |

\*\*\* 2<sup>nd</sup> check: numeric reading required for DCVA only

|                                   |                                   |                                       |
|-----------------------------------|-----------------------------------|---------------------------------------|
| Differential pressure gauge used: | Potable: <input type="checkbox"/> | Non-Potable: <input type="checkbox"/> |
| Make/Model: _____                 | SN: _____                         | Date tested for accuracy : _____      |

|          |  |
|----------|--|
| Remarks: |  |
|          |  |
|          |  |

|                  |  |                                    |  |
|------------------|--|------------------------------------|--|
| Company Name:    |  | Licensed Tester Name (Print/Type): |  |
| Company Address: |  | Licensed Tester Name (Signature):  |  |
| Company Phone #: |  | BPAT License #                     |  |
|                  |  | License Expiration Date:           |  |

**The above is certified to be true at the time of testing.**

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS



# BUILDING PERMIT CHECKLIST

**A COMPLETED CHECKLIST MUST BE INCLUDED WITH THE SUBMITTAL. PARTIAL PACKETS  
WILL NOT BE ACCEPTED AND A SECOND PLAN REVIEW FEE MAY BE REQUIRED.**

- ☐ City of Weston Construction Permit Application
- ☐ HOA Construction Approval Letter
- ☐ All Fees (see City of Weston Fee Schedule)
- ☐ All Contractor Registrations & Fees
- ☐ On-Site Septic Facility (OSSF) Permit from Collin County Development Services
- ☐ **Site Plan**
  - ☐ Location, dimensions and type of driveway and connection to public road. If connection is to a State or County road, approval must be obtained from them and included in this packet.
  - ☐ All setbacks
  - ☐ Location of fence (if applicable)
  - ☐ Easements, grading and drainage plans

- ☐ **A set of engineered, stamped, construction plans** (If the permit type is "Addition" for one (1) room smaller than 1,200 sq. ft. or "Remodel" of any size, non-engineered plans will be accepted accompanied by a Scope of Work and a materials list.)

- ☐ **Foundation Plans** – A representation indicating the general design intent of the foundation.
  - ☐ Slab extent
  - ☐ Crawl space or basement
  - ☐ Footing layout
  - ☐ Pier & beam layout (if applicable)
  - ☐ Slab foundation design letter (if applicable)
- ☐ **Floor Plans** – Scaled and dimensioned plans indicating the layout of rooms, walls, doors, and windows. These plans are an overhead view of the house.
  - ☐ Rooms names
  - ☐ Square footage breakdown / elevation drawings
  - ☐ All openings clearly marked
  - ☐ Door & window sizes
  - ☐ Sleeping rooms
  - ☐ Basement egress
  - ☐ Stair dimensions
  - ☐ Tread & riser dimensions
  - ☐ Handrail/guardrail information
  - ☐ Interior braced wall length
  - ☐ If floor includes engineered lumber, full set of separate plans are required



# ***BUILDING PERMIT CHECKLIST***

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- ☐ **Electrical and plumbing plans** - Shows lighting design intent and layout.
  - ☐ Fixtures, counters, cabinets
  - ☐ Electrical outlets & switches (GFI must be clearly indicated)
  - ☐ Risers
  - ☐ Smoke and CO detectors
- ☐ **Exterior Elevation** - Elevations are a 2d representation of each side of the house to include other elements that are part of the home.
- ☐ **Framing & Roof Plans** -
  - ☐ Rafters w/purlins
  - ☐ Roof ridges, valley, hips, slopes, chimney, decorative elements
  - ☐ Roof materials
  - ☐ Wall materials
  - ☐ Ceiling Joists (for each floor)
- ☐ **Shear Walls**
- ☐ **Engineered detail pages** - These details may include the foundation, interior walls, exterior walls, floors, stairways, and / or roof details.
- ☐ **Residential Energy Code Plan Review Compliance** (new construction, additions, renovations of more than 50% of existing structure)

*Allow a minimum of five (5) full business days (excluding Fridays when City Hall is closed) for the plan review. The applicant will be notified when the plan review has been completed.*

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Signature of Person Completing Checklist

**ALL PAYMENTS SHOULD BE IN THE FORM OF A CHECK MADE PAYABLE TO THE CITY OF WESTON. THE CITY OF WESTON CURRENTLY DOES NOT ACCEPT CREDIT CARDS.**



# ***INSPECTION POINTS***

***(NOT INCLUSIVE)***

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## **IN PLACE PRIOR TO 1<sup>ST</sup> INSPECTION**

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1. An address visible from the street
2. The builder's sign (with a phone number)
3. Building permit
4. Erosion control
5. Debris control
6. Dumpster
7. Port-a-potty

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## **PLUMBING ROUGH**

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1. Water line material per code
2. All fittings and piping exposed for inspection
3. Sleeve the drainage PVC through beams and foundation
4. Proper drainage fittings
5. Proper fall on all drainage piping
6. Proper bedding for all drainage piping
7. A five foot plumbing stack water head test to the point of overflow
8. A connection between the hot and cold water lines
9. Yard PE gas line (if applicable)
  - a. Minimum 18 inches deep
  - b. Approved gas wrap material on pre-bent risers
  - c. Tracer wire in the trench

**NOTE** – The drainage test (water head) and the water supply test (pressure or air) must remain in place until after the foundation is poured.

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## **FOUNDATION**

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1. The approved foundation plan
2. The inspection approval report
3. Sleeve the drainage PVC and copper water lines through beams and foundation
4. A five foot plumbing stack water head test to the point of overflow (suggested only)

# ***INSPECTION POINTS***

***(NOT INCLUSIVE)***

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## **SHEAR WALL**

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*PRIOR TO INSTALLATION OF WATER RESISTIVE BARRIER (HOUSE WRAP)*

1. The shear wall plan must be onsite at the front door and pass inspection. If your shear wall design engineer is conducting this inspection, please have that report on site.

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## **ANCHORED VENEER (STONE OR BRICK) INSPECTION**

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*THIS INSPECTION MAY BE REQUESTED PRIOR TO THE FRAME/MEP INSPECTION IF ALL ITEMS BELOW ARE IN PLACE*

1. Anchor ties completely installed to top plate
2. U-Flashing installed with no unprotected wood
3. All openings and penetrations shall be properly flashed and water resistant barriers installed
4. All gas piping shall be wrapped with proper protection

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## **FRAME & ELECTRICAL ROUGH INSPECTION**

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1. Wires in device boxes installed and fastened per code
2. Anchor/Fasten all load bearing plates per code (bolting) or with approved fasteners
3. Mount device boxes to manufactures specifications and no box overfill
4. Install all plan designed wall bracing and wall to plate and foundation anchors
5. Wires stapled properly outside of box and throughout the structure
6. Properly support beams per plan and/or code
7. Jacuzzi electrical must be 4" above finished floor
8. Install all flashing at gables
9. New construction requires using new wiring and boxes
10. Fire stop chimney chase installed
11. Receptacles in kitchen and dining room placed and protected per code
12. Install required tempered windows
13. Headers installed per plan and/or code
14. Rafters, Ridges, Hips, and Valleys installed with full bearing and load distribution
15. Support Roof framing members
16. Joist hangers installed per plan design and fully nailed
17. Draft stop dead air spaces, double walls, and chases
18. House must be poly sealed

**NOTE:** The frame installation shall match the approved engineered design plans on site and in the permit packet.

# ***INSPECTION POINTS***

***(NOT INCLUSIVE)***

## **PLUMBING TOP OUT/ HVAC ROUGH**

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**NOTE** – The attic access pull down stair must be securely installed for inspection with a minimum 300 pound design load.

1. Gas supply - Black pipe (installer to provide BTU input information)
  - a. Wrapped through brick
  - b. Sized per code
  - c. Tested to 3 PSI on 20 kPa gauge - set indicator to test pressure
2. Gas supply - Flexible stainless steel tubing (installer to provide BTU input information)
  - a. Nail guards and gas line blocking
  - b. Terminations at equipment
  - c. Tested to 3 PSI on 5 to 20 kPa gauge
  - d. Tested 5 PSI on 10 to 15PSI gauge on high side
3. Drain, Waste, and Vent Piping – DWV sizing per code
  - a. Trap arms (length, fall, size, and bends)
  - b. Closet bends centered 15 1/2" (minimum) to framed walls and flanges secured
  - c. Built up showers blocked and tested
  - d. Tub boxes sealed – rat proofing
  - e. Each floor rough tested to above lavatory arms (5' head test)
  - f. Vents through roof and flashed
4. Water – Supply and Distribution piping sized per code
  - a. Pressure on hot and cold water – anti scalding valves installed where required
  - b. Insulated in garage walls, outside walls, and in attic
  - c. Water heater T&P line roughed-in and pan drain installed
  - d. Water heater vent roughed, flashed, and secured 1" from combustibles
  - e. Frost proof hose bibs secured to building frame
5. HVAC
  - a. All equipment installed (ducts, vents, makeup air, primary/secondary drains, etc.)
  - b. Access walkway and required working platform and lighting installed per code
  - c. Exhaust air (moisture fan) unit installed and ducted to outside per code
  - d. Fireplace unit installed and chimney/vent extended to outside
  - e. Range hood installed and if vented to outside, duct installed per code

# ***INSPECTION POINTS***

***(NOT INCLUSIVE)***

## **RESIDENTIAL TEMPORARY METERS**

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1. House Ready for Inspection:
  - a. House bricked and sheet rocked
  - b. Electric trim complete
  - c. Gas shut off valve in place
  - d. Seconds inspections shall be completed
  - e. Gas and electric provider must be clearly marked on the breaker panel cover
  - f. All trash and debris removed from house and garage
2. Panel Readiness:
  - a. All breakers marked
  - b. No exposed wires anywhere in the house
  - c. Front panel cover to be removed (to be reinstalled after passing inspection)
3. Temporary heating and AC only:
  - a. Breaker for 220 V plug in laundry
  - b. Breaker for 110 V, GFCI circuit in laundry
  - c. Breaker for furnace
  - d. No other openings in panel
  - e. Front panel cover to be removed (to be reinstalled after passing inspection)
4. Panel Ground Connected to Rod:
  - a. All ground rods shall be driven the full length to where the rod is at grade level. The UL listing shall be showing and facing away from the house or the T-Pole. Therefore, you must remove a shovel of dirt in front of the ground rod exposing the UL listing. The inspector will push the dirt back in the hole to cover the rod after the inspection. This procedure will be followed at T-Pole Inspections and at all Temporary Heat Inspections.
  - b. Cold Water Ground (GEC) installed per code and connected and exposed
  - c. Access To Attic Units – walk way and working platform installed per code
  - d. Gas valve with sediment traps installed and capped or connected to unit with bonding
  - e. Master tub installed with required bonding
  - f. Connection to the concrete encased grounding electrode (Ufer) exposed
  - g. Water heater installed and vented with all gas stops on
5. Temporary heat – This must be approved on a case by case basis with approval from the Building Inspector.





# ***INSPECTION POINTS***

***(NOT INCLUSIVE)***

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## **BUILDING & ELECTRICAL FINAL INSPECTION**

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1. No Debris and construction materials in empty/adjoining lots
2. No Spilled concrete on street, approach, and walks
3. Ground rod and grounding electrode conductor connected
4. AC unit maximum over current device rating identified in panel-board
5. Garbage disposal operable
6. GFCI's located per code and working with labels
7. Smoke detector and carbon monoxide detectors installed and operable
8. Stair handrails installed to code
9. Tempered glass located per code
  - a. Receptacles located per code
  - b. Seal fireplace lentil and log lighter with approved fire caulk
  - c. Permit paper work on site with current drainage survey, third party final energy letter affirming final approved inspection of compliance, irrigation compliance letter\*, termite protection form on City approved form, blue tag from the Water Department\* and accessory permits (e.g., fence permit, irrigation permit, etc.)
  - d. No lot to lot drainage – will inspect with provided drainage survey
  - e. Provide copy of the County final approved Septic/OSSF report or letter

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## **PLUMBING AND HVAC FINAL**

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1. Water meter can complete and to grade
2. House clean outs with PVC caps
3. PVC vents above the roof painted
4. All plumbing and fixtures completed, including the safety glazing on shower/tub enclosure
5. Water closet secured rigidly to the floor
6. All gas appliances connected correctly (if installed)
7. All attic catwalks and work platforms solid, secure, and unobstructed
8. Combustion air for gas appliances
9. All plumbing fixtures to be securely installed – including deep sinks
10. T&P line termination no less than 6" from floor or receptor
11. Air gap fitting on all dishwasher installations
12. Expansion tank installed if thermal expansion encountered and not controlled