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

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

<table>
<thead>
<tr>
<th>Property Information</th>
<th>PERMIT NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Legal Description:</td>
<td></td>
</tr>
<tr>
<td>Tract (attach metes &amp; bounds description)</td>
<td>SUBDIVISION: ________________________ ZONING: ____________</td>
</tr>
</tbody>
</table>

Applicant Information

You Are: □ Homeowner □ Builder/Contractor □ Authorized Agent

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail Address:</td>
<td>Fax No.:</td>
</tr>
<tr>
<td>City:</td>
<td>State &amp; Zip Code:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

Builder/Contractor Information

<table>
<thead>
<tr>
<th>Builder Company Name:</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Fax No:</td>
</tr>
<tr>
<td>Mail Address:</td>
<td>City:</td>
</tr>
<tr>
<td>State &amp; Zip:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

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 |
| 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: _______________ MPM | Other: ________________________ |
| Special Meter Cost: _______________ WT | TOTAL FEES DUE: _______________ |

Approved by: _____________________

Date: _____________________
Expires: _____________________

6/2018
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.
  - 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.
  - 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 ≥ Table 402.1.2 or 402.1.4 – 2009 IECC
  - Plus all mandatory provisions

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

<table>
<thead>
<tr>
<th>Envelope Component</th>
<th>Option #1</th>
<th>Option #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>R402.4 Air Leakage</td>
<td>≤ 4ACH50</td>
<td>≤ 4ACH50</td>
</tr>
<tr>
<td>Wall Insulation Value</td>
<td>R13 + R3b</td>
<td>R13 + R3b</td>
</tr>
<tr>
<td>Fenestration U-factor/SHGC</td>
<td>&lt; 0.32/0.25</td>
<td>&lt; 0.32/0.25</td>
</tr>
<tr>
<td>Ceiling R-value</td>
<td>&gt; R49</td>
<td>&gt; R49</td>
</tr>
<tr>
<td>Duct Insulation</td>
<td>R8</td>
<td>R6</td>
</tr>
<tr>
<td>Radiant Barrier Required</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- **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 4ACH® 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: □ Water □ Sewer □ Trash Beginning Read: __________________________

Deposit amount and payment type:________________________________________ Date received:_____

New Res. Packet: □ In Person □ Mailed