City of Nassau Bay

18100 Upper Bay Road Nassau Bay, TX 77058 281.336.6294 - 281.333.5012 (Fx)



11-238

Submitted: 8/17/2011

Issued: 8/17/2011

Plumbing Permit

Applicant

Name: Nick's Plumbing

Address:1420 N Durham

Houston, Tx 77008

Parcel

Address: 18722 UPPER BAY ROAD

Use: Single-Family

Owners

Name: David Gillis

Address: 18722 Upper Bay Road

Contractors

Plumber

Nick's Plumbing

1420 N Durham

Houston, Tx 77008

Ph:

FEMA Flood Zone:

Phone: 530-318-5204

Nassau Bay, Tx 77058

Fees

Building Permit (Calc)

\$50.00

Receipts

\$50.00

Other Fields:

Construction Value:

\$5,000.00

Description:

Set fixtures in bathrooms, kitchen, water heater.

I, as Owner or General Contractor, agree to work in accordance with the CITY OF NASSAU BAY CODE OF

ORDINANCES and other governing codes.

Applicant



CITY OF NASSAU BAY BUILDING DEPARTMENT/FIRE MARSHAL PERMIT APPLICATION

PERMIT #			
DATE:			
FEE:			
PROJECT ADDRESS:	18722 U	pper Bay Ra	
DESCRIBE WORK TO	BE DONE: Se	f fixtures	through out
Kitchen, b	athroom, wa	ter heater	
ESTIMATED COST OF	CONSTRUCTION:	5,000	
	N OF PROPERTY:	····	
TYPE OF PERMIT (CH	HECK ALL THAT APPLY):	
PRESIDENTIAL COMMERCIAL	☐ BUILDING ☐ ELECTRICAL ☐ PLUMBING ☐ HVAC ☐ GAS ☐ IRRIGATION	☐ POOL ☐ SIGN ERECTION ☐ DEMOLITION ☐ FOUNDATION ☐ BULKHEAD ☐ FIRE SPRINKLER	☐ FIRE ☐ FIRE SUPPRESSION ☐ FUMIGATION ☐ STORAGE CONTAINER
	TENANT: David	_	PHONE: 619 - 990 - 9883
	STATE		ZIP:
	N. Durhar)	PHONE: 713-868-9907
CITY: Hows	Hon STATE Richard		ZIP: 77608
	FOR	OFFICE USE ONL	Υ
THE PARTY OF THE STREET	LUAU	TRUCTION TYPETOTAL AREA OF BI	FEMA FLOOD ZONE
		APPROVAL/DATE_	

AUG-15-2011 13:08 From:			To:281	333 5012	P.1/1
ACOPO"	PIASE AR LIAT	m.11 1994 / 11			DATE (MM/DD/YYYY)
CERTI	FICATE OF LIAI	BILLIY II	NSURAN(_8/15/2011
PRODUCER Dan Miller Insurance Age 2118 NW Military	ency Inc.	HOLDER.	O CONFERS NO This certifica	ED AS A MATTER OF D RIGHTS UPON THI TE DOES NOT AMEN FFORDED BY THE PO	INFORMATION CERTIFICATE
San Antonio TX 78213 210 525 8438		INSURERS A	AFFORDING COV	/ERAGE	NAIC#
INSURED NICKS PLUMBING AND SE	EWER SERVICES INC.	INGURER A: Ja	mes River	Insurance Co.	
Richard Saad		INSURER B.			
1420-1426 N DURHA		INSURER C:		-),	
HOUSTON, TX 77008	3	INSURER D		* *************************************	
COVERAGES		INBURER E:		· · · · · · · · · · · · · · · · · · ·	
THE POLICIES OF INSURANCE LISTED BELO ANY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORDED POLICIES, AGGREGATE LIMITS SHOWN MAY	OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED HEI HAVE BEEN REDUCED BY PAID OF	OCUMENT WITH REIN IS SUBJECT "AIMS.	RESPECT TO WHICE TO ALL THE TERM	こみ エドバぐ ぐこうそににいるすこ バメ	V DE IDOUEN ON
INSR ADD'L LTR INRRO TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE JA (E (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	3
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMGMADE OCCUR				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (En occurence)	\$ 1,000,000 \$ 50,000
	00042741-1	03/31/11	03/31/12	MED FXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000
77		00,01,11	03/31/12	GENERAL AGGREGATE	\$ 2,000,000
CENT AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	3 2,000,000
POLICY PRO. LOC					<u> </u>
AUYOMOBILE LIABILLITY				COMBINED SINGLE LIMIT (Ea eccident)	\$
ALL OWNED AUTOS 6CHEDULED AUTO6				BODILY INJURY (Per person)	\$
HIRED AUTOS				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Por eccident)	\$
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
ANYAUTO				OTHER THAN EA ACC AUTO ONLY: AGG	\$
EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
OCCUR CLAIMSMADE				AGGREGATE	\$
					S
DEDUCTIBLE					\$
WORKERS COMPENSATION				[WOSTATU-] OTH-	\$
AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				TORY LIMITS ER	
OFFICERMEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	***************************************
OTHER				E.C. DIODAN, 14 OLIOT LIMIT	-
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PRO	enoièivi		
CERTIFICATE HOLDER	ERTIFICATE HOLDER CANCELLATION				

City of Nassau Bay Attn: Gena Norris 18100 Upper Bay Rd., Ste 200

Nassau Bay, Tx 77058 Fax# 281-333-5012 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, THE ISBUING INSURER WILL ENGRAVOR TO MAIL $\frac{30}{1000} \text{ DAYS WRITTEN}$ HUTICE TO THE CURTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO 30 SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INBURER, ITS AGENTS OR

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

® 1988-2009 ACORD CORPORATION. All rights reserved.

City of Nassau Bay

18100 Upper Bay Road Nassau Bay, TX 77058 281.333.4211 - 281.333.2301 Fx



10-349

Building Permit

Applicant Name: David Gillis

David

Ph:

Issued: 11/3/2010

Submitted: 10/1/2010

Address:18722 Upper Bay Road

Parcel

Address: 18722 UPPER BAY ROAD

Use: Single-Family

FEMA Flood Zone:

Owners

Name: David Gillis

Address: 18722 Upper Bay Road

Phone: 530-318-5204 Nassau Bay, Tx 77058

Contractors

Description

Construction Value: \$200,000.00

Purpose:

Fees

Composite - Building Plan Check (Calc)

\$500.00

Composite Building - Bldg. Only (Calc)

Receipts

Other Fields:

\$1,500.00 40% I.Ke Discount

I hereby acknowledge that I have read the comments listed on the Plan Review Analysis, if attached. I further agree that I, as Owner of General Contractor, will build in accordance with the CITY OF NASSAU BAY CODE OF ORDINANCES and other governing codes.

Printed: 11/3/2010



CITY OF NASSAU BAY BUILDING DEPARTMENT/FIRE MARSHAL PERMIT APPLICATION

PERMIT#			10-349
DATE:	October Ol	, 2010	
FEE:		Clan	A /
PROJECT ADDRESS:	18722 Up	per Bay K	Poad Letion of existing
DESCRIBE WORK TO B	EDONE: KENTO	ration & elev	cotron of estating
ESTIMATED COST OF C	construction: #2	DO, 080, 00	U3D
LEGAL DESCRIPTION	OF PROPERTY:		
TYPE OF PERMIT (CHE	CK ALL THAT APPLY):		
RESIDENTIAL COMMERCIAL	BUILDING ELECTRICAL PLUMBING HVAC GAS IRRIGATION	□ POOL □ SIGN ERECTION □ DEMOLITION □ FOUNDATION □ BULKHEAD □ FIRE SPRINKLER	☐ FIRE ☐ FIRE SUPPRESSION ☐ FUMIGATION ☐ STORAGE CONTAINER
PROPERTY OWNER/TE	ENANT: DAVIS	B. Gillis Bay Road	_PHONE: 619 990-9883
ADDRESS: 187 CITY NO SOUL A	Belg STATE:	72	zip: 77058
contractor: 84	Me_		PHONE:
ADDRESS:			
CITY:	STATE:	Calk	_ ZIP:
APPLICANT NAME:	David D	111Mis	
APPLICANT SIGNATU	,	L L	
		FFICE USE ONLY	
OCCUPANCY TYPE_ MAX OCCUPANCY LO LOWEST HABITABLE	DAD	TOTAL AREA OF BU	FEMA FLOOD ZONE AE ILDING S.F. 38 NAUS SOUL ASS.
		APPROVAL/DATE_	PB 11-3-10





REScheck Software Version 4.3.1

Compliance Certificate

Project Title: Gillis Residence Remodel

Energy Code: Location: Construction Type: Project Type: Heating Degree Days: 2006 IECC Nassau Bay, Texas Single Family Addition/Alteration 1507

Climate Zone:

Construction Site:

18722 Upper Bay Rd Nassau Bay, TX 77058 Owner/Agent: David Gillis

18722 Upper Bay Rd Nassau Bay, TX 77058 619-990-9883 Designer/Contractor:

Bryan Associates, Inc. 17225 El Camino Real Suite 445 Houston, TX 77058 281-480-7023

Compliance: Passes

Compliance: Maximum UA: 679

Your UA: 547

Maximum SHGC: 0.40

Your SHGC: 0.37

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
1st Floor: Slab-On-Grade:Unheated Insulation depth: 0.0'	58		0.0		60
2nd Floor: All-Wood Joist/Truss:Over Unconditioned Space	923	13.0	0.0		59
1st Fl North Wall: Wood Frame, 16" o.c.	112	13.0	0.0		8
Door 1: Solid	20			0.500	10
1st FI East Wall: Wood Frame, 16" o.c.	120	13.0	0.0		7
Existing Entry: Glass SHGC: 0.40	40			0.500	20
1st Fl South Wall: Wood Frame, 16" o.c.	112	13.0	0.0		8
Door 3: Solid	20			0.500	10
1st Fl West Wall: Wood Frame, 16" o.c.	120	13.0	0.0		8
Door 4: Solid	20			0.500	10
2nd Fl North Wall: Wood Frame, 16" o.c.	80	13.0	0.0		3
LR to Balcony: Glass SHGC: 0.40	48			0.650	31
2nd Fl East Wall: Wood Frame, 16" o.c.	496	13.0	0.0		29
Window 1: Wood Frame:Double Pane with Low-E SHGC: 0.36	145			0.410	59
2nd Fl South Wall: Wood Frame, 16" o.c.	330	13.0	0.0		25
Window 2: Wood Frame:Double Pane with Low-E SHGC: 0.36	21			0.410	9
2nd Fl West Wall: Wood Frame, 16" o.c.	496	13.0	0.0		32
Window 3: Wood Frame:Double Pane with Low-E SHGC: 0.36	59			0.410	24
Door 6: Glass SHGC: 0.40	42			0.650	27
3rd Fl North Wall: Wood Frame, 16" o.c.	200	13.0	0.0		16
3rd Fl East Wall: Wood Frame, 16" o.c.	112	13.0	0.0		6
Window 4: Wood Frame:Double Pane with Low-E SHGC: 0.36	35			0.410	14
3rd Fl South Wall: Wood Frame, 16" o.c.	200	13.0	0.0		16
3rd Fl West Wall: Wood Frame, 16" o.c.	112	13.0	0.0		7
Window 5: Wood Frame:Double Pane with Low-E	24			0.410	10

 SHGC: 0.36

 2nd FI Ceiling: Flat Ceiling or Scissor Truss
 783
 30.0
 0.0
 27

 3rd FI Ceiling: Flat Ceiling or Scissor Truss
 350
 30.0
 0.0
 12

 Heat Pump 1: Air Source 7.7 HSPF, 16 SEER

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2006 IECC requirements in REScheck Version 4.3.1 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Andrew Thiess (832) 250-2899

Name - Title

Signature

Digitally signed by Andrew Thiess

9-26-2010

ICC Cert 5318963-79



Ceilings:
2nd Fl Ceilling: Flat Ceiling or Scissor Truss, R-30.0 cavity insulation Comments:
3rd Fl Ceilling: Flat Ceilling or Scissor Truss, R-30.0 cavity insulation Comments:
Above-Grade Walls:
1st FI North Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
1st FI East Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
1st FI South Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
1st FI West Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
2nd Fl North Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
2nd FI East Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
2nd Fl South Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
2nd Fl West Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
3rd Fl North Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
3rd Fl East Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
3rd Fl South Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments;
3rd Fl West Wall: Wood Frame, 16" o.c., R-13.0 cavity insulation Comments:
Windows:
Window 1: Wood Frame:Double Pane with Low-E, U-factor: 0.410 For windows without labeled U-factors, describe features: #Panes Frame Type Thermal Break? Yes No Comments:
Window 2: Wood Frame:Double Pane with Low-E, U-factor: 0.410 For windows without labeled U-factors, describe features: #Panes Frame Type Thermal Break? Yes No Comments:
Window 3: Wood Frame:Double Pane with Low-E, U-factor: 0.410 For windows without labeled U-factors, describe features:

Project Title: Gillis Residence Remodel Report date: 09/26/10
Data filename: C:\Documents and Settings\Administrator\My Documents\Overland\Projects\18722 Upper Bay Gillis\REScheck 18722 Upper
Bay.rck Page 3 of 5

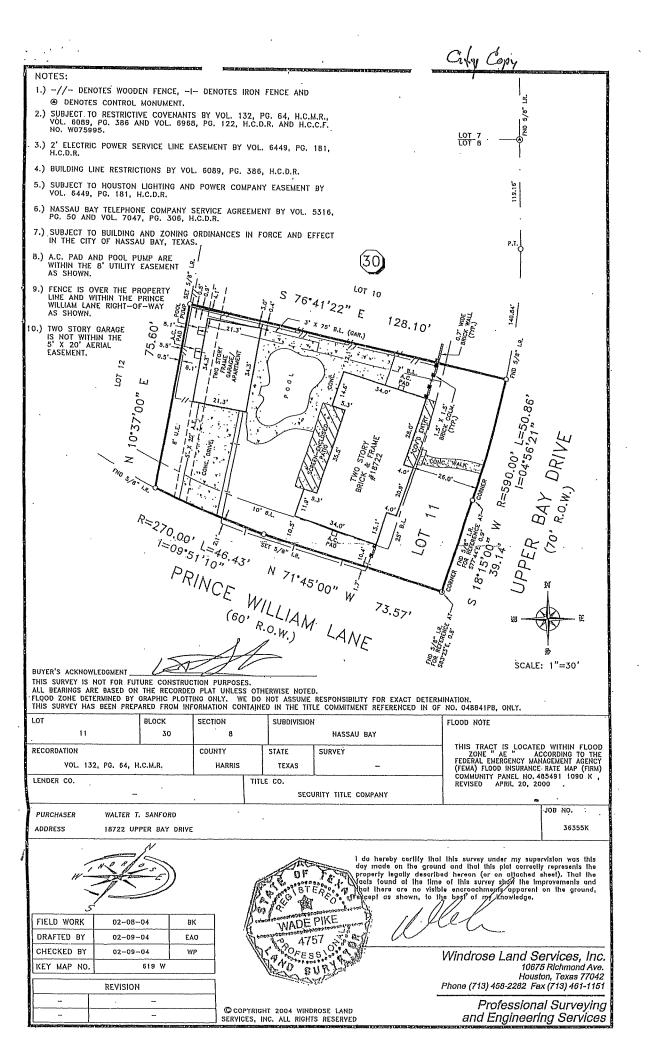
' #Panes Frame Type Thermal Break? Yes No	
Comments:	
☐ Window 4: Wood Frame:Double Pane with Low-E, U-factor: 0.410	
For windows without labeled U-factors, describe features:	
#Panes Frame Type Thermal Break? Yes No Comments: No	
☐ Window 5: Wood Frame:Double Pane with Low-E, U-factor: 0.410	
For windows without labeled U-factors, describe features:	
#Panes Frame Type Thermal Break? Yes No	
Comments:	
Note: Up to 15 sq.ft. of glazed fenestration per dwelling is exempt from U-factor and SHGC require	ements.
Doors:	
☐ Door 1: Solid, U-factor: 0.500	
Comments:	A AMERICAN AND AND AND AND AND AND AND AND AND A
☐ Existing Entry: Glass, U-factor: 0.500	
Comments: Under Porch Projection	
☐ Door 3: Solid, U-factor: 0.500	
Comments:	
Door 4: Solid, U-factor: 0.500	
Comments:	A A A A A A A A A A A A A A A A A A A
LR to Balcony: Glass, U-factor: 0.650 Comments:	
☐ Door 6: Glass, U-factor: 0.650 Comments:	
Floors:	
☐ 1st Floor: Slab-On-Grade:Unheated, R-0 (uninsulated)	
Comments:	
☐ 2nd Floor: All-Wood Joist/Truss:Over Unconditioned Space, R-13.0 cavity insulation	
Comments:	
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking.	
Comments:	
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher	
Comments:Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment:	
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher	
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed 0	0.4. SHGC values are determined in
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed accordance with the NFRC test procedure or taken from the default table.	0.4. SHGC values are determined in
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed accordance with the NFRC test procedure or taken from the default table. Air Leakage:	
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed accordance with the NFRC test procedure or taken from the default table. Air Leakage: Joints, penetrations, and all other such openings in the building envelope that are sources of a	ir leakage are sealed.
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed accordance with the NFRC test procedure or taken from the default table. Air Leakage: Joints, penetrations, and all other such openings in the building envelope that are sources of a	ir leakage are sealed. he ceiling, or 2) Type IC rated and ASTM
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed accordance with the NFRC test procedure or taken from the default table. Air Leakage: Joints, penetrations, and all other such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the such openings in the such openings in the such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the such openings in the such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the such openings in the such op	ir leakage are sealed. he ceiling, or 2) Type IC rated and ASTM
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed accordance with the NFRC test procedure or taken from the default table. Air Leakage: Joints, penetrations, and all other such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the E283 labeled, or 3) installed inside an air-tight assembly with a 0.5" clearance from combustible	ir leakage are sealed. he ceiling, or 2) Type IC rated and ASTM
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed accordance with the NFRC test procedure or taken from the default table. Air Leakage: Joints, penetrations, and all other such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the E283 labeled, or 3) installed inside an air-tight assembly with a 0.5" clearance from combustible insulation. Materials Identification and Installation: Materials and equipment are installed in accordance with the manufacturer's installation instruction.	ir leakage are sealed. he ceiling, or 2) Type IC rated and ASTM e materials and a 3" clearance from ctions.
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed accordance with the NFRC test procedure or taken from the default table. Air Leakage: Joints, penetrations, and all other such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the E283 labeled, or 3) installed inside an air-tight assembly with a 0.5" clearance from combustible insulation. Materials Identification and Installation: Materials and equipment are installed in accordance with the manufacturer's installation instruction.	ir leakage are sealed. he ceiling, or 2) Type IC rated and ASTM e materials and a 3" clearance from ctions.
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed accordance with the NFRC test procedure or taken from the default table. Air Leakage: Joints, penetrations, and all other such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the E283 labeled, or 3) installed inside an air-tight assembly with a 0.5" clearance from combustible insulation. Materials Identification and Installation: Materials and equipment are installed in accordance with the manufacturer's installation instruction insulation is installed in substantial contact with the surface being insulated and in a manner the Materials and equipment are identified so that compliance can be determined.	ir leakage are sealed. he ceiling, or 2) Type IC rated and ASTM e materials and a 3" clearance from ctions. at achieves the rated R-value.
Comments: Floor insulation is installed in permanent contact with the underside of the subfloor decking. Heating and Cooling Equipment: Heat Pump 1: Air Source: 7.7 HSPF, 16 SEER or higher Make and Model Number: Solar Heat Gain Coefficient: The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed accordance with the NFRC test procedure or taken from the default table. Air Leakage: Joints, penetrations, and all other such openings in the building envelope that are sources of a Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the E283 labeled, or 3) installed inside an air-tight assembly with a 0.5" clearance from combustible insulation. Materials Identification and Installation: Materials and equipment are installed in accordance with the manufacturer's installation instruction in the surface being insulated and in a manner the Materials and equipment are identified so that compliance can be determined. Manufacturer manuals for all installed heating and cooling equipment and service water heating.	ir leakage are sealed. he ceiling, or 2) Type IC rated and ASTM e materials and a 3" clearance from ctions. hat achieves the rated R-value. g equipment have been provided.

Ġ	Ducts in unconditioned spaces or outside the building are insulated to at least R-8.
	Ducts in floor trusses above unconditioned spaces or above the outdoors are insulated to at least R-6.
D	Ouct Construction:
	Air handlers, filter boxes, and duct connections to flanges of air distribution system equipment or sheet metal fittings are sealed and mechanically fastened.
	All joints, seams, and connections are made substantially airtight with tapes, gasketing, mastics (adhesives) or other approved closure systems. Tapes and mastics are rated UL 181A or UL 181B.
	Building framing cavities are not used as supply ducts.
	Automatic or gravity dampers are installed on all outdoor air intakes and exhausts.
	Additional requirements for tape sealing and metal duct crimping are included by an inspection for compliance with the International Mechanical Code.
Т	emperature Controls:
	Thermostats exist for each separate HVAC system. A manual or automatic means to partially restrict or shut off the heating and/or cooling input to each zone or floor is provided.
Н	leating and Cooling Equipment Sizing:
	Additional requirements for equipment sizing are included by an inspection for compliance with the International Residential Code.
C	irculating Service Hot Water Systems:
	Circulating service hot water pipes are insulated to R-2.
	Circulating service hot water systems include an automatic or accessible manual switch to turn off the circulating pump when the system is not in use.
Н	leating and Cooling Piping Insulation:
	HVAC piping conveying fluids above 105 degrees F or chilled fluids below 55 degrees F are insulated to R-2.
C	Certificate:
	A permanent certificate is provided on or in the electrical distribution panel listing the predominant insulation R-values; window U-factors; type and efficiency of space-conditioning and water heating equipment.
NOT	ES TO FIELD: (Building Department Use Only)



Insulation Rating	R-Value	
Ceiling / Roof	30.00	
Wall	13.00	
Floor / Foundation	13.00	
Ductwork (unconditioned spaces):		
Glass & Door Rating	U-Factor	SHGC
Window	0.41	0.36
Door	0.65	0.40
Heating & Cooling Equipment	Efficiency	
Air Source Heat pump	7.7 HSPF, 16 SEE	R
Water Heater:		
Alama.	D. (
Name:	Date: _	

Comments:



210-04-1968

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL *.OOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1-7. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION JOB # 36355K **BUILDING OWNER'S NAME** Policy Number WALTER T. SANFORD Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 18722 UPPER BAY DRIVE ZIP CODE STATE CITY 77058 NASSAU BAY PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 11, BLOCK 30, NASSAU BAY, SECTION 8 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): USGS Quad Map ☐ Other: □ NAD 1927 □ NAD 1983 (##° - ##' - ## ##" or ## #####") SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE **B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME** CITY OF NASSAU BAY 485491 **HARRIS TEXAS B4. MAP AND PANEL B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) **B8. FLOOD ZONE(S)** B5. SUFFIX **B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE (Zone AO, use depth of flooding) NUMBER 485491 1090 04-20-00 04-20-00 ΑE B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Community Determined Other (Describe): **⊠** FIRM FIS Profile NAVD 1988 Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* ☐ Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum NGVD 1929 Conversion/Comments 1973 ADJUSTMENT Elevation reference mark used RM 1113 Does the elevation reference mark used appear on the FIRM? Yes No o a) Top of bottom floor (including basement or enclosure) 7. 7ft. Seal, NA o b) Top of next higher floor e Number, Embossed Signature, and Date o c) Bottom of lowest horizontal structural member (V zones only) WA o d) Attached garage (top of slab) 8. 3 ft. o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 7.6ft 6.8ft. o f) Lowest adjacent (finished) grade (LAG) License o g) Highest adjacent (finished) grade (HAG) o h) No, of permanent openings (flood vents) within 1 ft. above adjacent grade NA o i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. LICENSE NUMBER: 5101 CERTIFIER'S NAME: MIKE KURKOWSKI TITLE: REGISTERED PROFESSIONAL LAND SURVEYOR COMPANY NAME: WINDROSE LAND SERVICES INC. STATE ZIP CODE CITY **ADDRESS** 77042 HOUSTON TX 10675 RICHMOND AVE TELEPHONE DATE SIGNATURE (713) 458-2282 February 11, 2004

PLAN REVIEW 18722 UPPER BAY RD

940

- 1. Smoke detectors are required in all bedrooms and hallway outside the door must be interconnected.
- 2. Smoke detector is required on the first and third levels.
- 3. 2x12 #3yp joist @ 16"oc 2d floor floor framing is over span.
- A. Show sizes of flood vents required 1 square inch of opening for each square foot of floor space.
- 5. Windows in MBR and BR #3 do not meet the egress requirement of 5.7 square feet of net open space
- 6. Kitchen outlets must be GFCI protected
- A. Bedroom outlets must be arc fault protected
- 8. Show location of electric panel must be above design flood elevation
- 2. Need exterior light on balcony
- 10. Need exterior light on stairs off living room with switch top and bottom
- 11. Provide framing details for the garage addition
- 12. Is zero AMSL ground floor top of slab or grade? Need to insure that 2d floor AMSL is high enough
- 18. Existing first floor cannot be listed as conditioned space
- 14. Window G may be required to be tempered glass see R308.4
- 15. Window H required to be tempered glass
- 16. Outlets in utility room by sink must be GFCI protected

City of Nassau Bay

18100 Upper Bay Road Nassau Bay, TX 77058 281.333.2944 - 281.333.0489 (Fx)



Plumbing Permit

11-343

Ph: 281-532-2253 Issued: 12/13/2011

Submitted: 12/13/2011

Applicant

Name: Able Plumbing Co.

Address:1105 Moskowitz

Seabrook, TX 77586

Parcel

Address: 18722 UPPER BAY ROAD

Use: Single-Family

Owners

Name: David Gillis

Address: 18722 Upper Bay Road

FEMA Flood Zone:

Phone: 530-318-5204 Nassau Bay, Tx 77058

Contractors

Plumber

Able Plumbing Co.

1105 Moskowitz

Phone: 281-532-2253

Seabrook, TX 77586

Fees

Plumbing Permit (Calc)

\$29.75

Receipts

\$29.75

Other Fields:

Construction Value:

\$2,975.00

Description:

Replaced gas service.

I, as Owner or General Contractor, agree to work in accordance with the CITY OF NASSAU BAY CODE OF

ORDINANCES and other governing codes.

Printed: 12/13/2011



CITY OF NASSAU BAY BUILDING DEPARTMENT/FIRE MARSHAL PERMIT APPLICATION

PERMIT #				
DATE:				
FEE:	MINE CO.		**********	
PROJECT ADDRESS:	1872	2 Uppe	R BAY	,
DESCRIBE WORK TO	BE DONE:	Peplaced	GAS	SCRVÍCE
ESTIMATED COST OF	CONSTRUCTION:	295500		
LEGAL DESCRIPTION	OF PROPERTY:			Advanta Million St.
TYPE OF PERMIT (CH	ECK ALL THAT APPLY):			
RESIDENTIAL COMMERCIAL	☐ BUILDING ☐ ELECTRICAL ☐ PLUMBING ☐ HVAC ☐ HVAC ☐ EAS ☐ IRRIGATION	☐ POOL ☐ SIGN ERECTION ☐ DEMOLITION ☐ FOUNDATION ☐ BULKHEAD ☐ FIRE SPRINKLER	☐ FIRE ☐ FIRE SUPPRES ☐ FUMIGATION ☐ STORAGE COI	
PROPERTY OWNER/T	ENANT: DAVI	d G///15	PHONE: 61	9-990-988
ADDRESS: 187	22 Uppe	R BAY		
CITY ASS AU	BAY STATE:	Tx	ZIP:	7058
CONTRACTOR: Ab	le Plum	bins		-532-2253
ADDRESS: 110	5 Mosko	WITZ		
CITY: <u>SEABR</u>	LOOK_ STATE:_	7x	_ ZIP:	5-86
APPLICANT NAME: _	Jimmy	LAYMAN	L.C.	
APPLICANT SIGNATU	RE: Simm	+ Karpon	ianc.	
	FOR C	OFFICE USE ONLY	′	
OCCUPANCY TYPE_ MAX OCCUPANCY LO LOWEST HABITABLE		RUCTION TYPETOTAL AREA OF BU		
		APPROVAL/DATE		



City of Nassan Bay

Phone: 281.333.4211 • Fax: 281.333.2301 18100 Upper Bay Road, Suite 200 • Nassau Bay • Texas 77058-3547 P.O. Box 58448 • Nassau Bay • Texas 77258-8448

www.nassaubay.com

Donald C. Matter Mayor

Chris Reed City Manager

February 23, 2011

Mr. David Gillis 18722 Upper Bay Road Nassau Bay TX 77058

Dear Mr. Gillis:

This letter is to certify that 18722 Upper Bay Road meets the flood damage prevention requirements as referenced in the City of Nassau Bay Ordinance Code.

After visiting the site personally and reviewing the elevation certificate provided by RPLS Billy Shanks, Texas Registration 1821; I was able to determine that the lowest finished floor is 17.9 feet 1988 NAVD with 2001 adjustment. Further, the walls below base flood elevation have been properly installed with flood openings.

If you have additional questions, please do not hesitate to contact me.

Sincerely,

arry Boles

Building Official/Flood Plain Administrator

City of Nassau Bay

San Leon, Tx 77539

18100 Upper Bay Road Nassau Bay, TX 77058 281.333.4211 - 281.333.2301 Fx



Mechanical Permit

11-135

Applicant

Name: Miller and Sons

Submitted: 5/19/2011

Address:2535 Broadway Street

Ph: 713-385-8332 Issued: 5/19/2011

Parcel

Address: 18722 UPPER BAY ROAD

FEMA Flood Zone:

Use: Single-Family

Owners

Name: David Gillis

Phone: 530-318-5204

Address: 18722 Upper Bay Road

Nassau Bay, Tx 77058

Contractors

Mechanical

Miller and Sons

Phone: 713-385-8332

2535 Broadway Street

San Leon, Tx 77539

Fees

Contractor Registration, annual

\$50.00

Composite Building - Mec. Only (Calc)

\$16.50

Receipts

\$66.50

Other Fields:

Construction Type:

Construction Value:

\$15,000.00

Description:

Install new A/C system.

I, as Owner or General Contractor, agree to work in accordance with the CITY OF NASSAU BAY CODE OF

ORDINANCES and other governing, codes.

Printed: 5/19/2011



CITY OF NASSAU BAY BUILDING DEPARTMENT/FIRE MARSHAL PERMIT APPLICATION

PERMIT #		-349		
DATE:	5-19	7-2011		
FEE:				
PROJECT ADDRESS:		722 Uppe	re Bay Rd.	
DESCRIBE WORK TO BE	E DONE: The	Stall New	Alc Systems	
2-4 Ton	s Complex	te SAS Sy	5-1ems	. ,
1-12000	BTU MINI	-Ductless	1-18000 MiNI-Dut	less Du
ESTIMATED COST OF C	ONSTRUCTION:4	\$15,000		, ,
TYPE OF PERMIT (CHEC	CK ALL THAT APPLY)	:		
RESIDENTIAL COMMERCIAL	☐ BUILDING ☐ ELECTRICAL ☐ PLUMBING ☐ HVAC ☐ GAS ☐ IRRIGATION	☐ POOL ☐ SIGN ERECTION ☐ DEMOLITION ☐ FOUNDATION ☐ BULKHEAD ☐ FIRE SPRINKLER	☐ FIRE ☐ FIRE SUPPRESSION ☐ FUMIGATION ☐ STORAGE CONTAINER	
PROPERTY OWNER/TE	NANT:		PHONE:	
ADDRESS:				
CITY:	STATE:		ZIP:	
CONTRACTOR:	iller & Son	75	PHONE: 7/3	
ADDRESS: 25	535 BROA	dway St.	71	
CITY: Saw L	con STATE		_ zip:77539	
APPLICANT NAME:	LANY	miller		
APPLICANT SIGNATUR	RE: Sas	ry mill		
	FOR	OFFICE USE ONLY		
OCCUPANCY TYPE MAX OCCUPANCY LOA LOWEST HABITABLE	AD	TRUCTION TYPETOTAL AREA OF BU	FEMA FLOOD ZONE ILDING S.F	
		APPROVAL/DATE		

Federal Emergency Management Agency

OMB 3067-0195 EXPIRES February 28, 2005

National Flood Insurance Program

NFIP REPETITIVE LOSS UPDATE WORKSHEET (AW-501)

NOTE: SEE REVERSE SIDE FOR MITIGATION ACTION CODES AND PAPERWORK BURDEN STATEMENT

THE INFORMATION ON THIS FORM IS BASED ON CLAIMS ON OR BEFORE: 01/31/2002

REPETITIVE LOSS NUMBER: 0015965	
	Internal use only A N/A FRR
CURRENT NFIP COMMUNITY NAME: NASSAU BAY, CITY OF	
COMMUNITY ID #: 485491	
CURRENT PROPERTY ADDRESS	PREVIOUS PROPERTY ADDRESS/COMMUNITY ID #
18722 UPPER BAY RD	
HOUSTON TX 77058 4233	
LAST CLAIMANT: REDMOND, LAWRENC E K & LUCILLE	
INSURED: YES NAMED INSURED: LAWRENCE K & LL	
DATES OF LOSSES 19830818	TOTAL NUMBER OF LOSSES FOR PROPERTY: 2
	TED UPDATES
-	
MARK ALL UPDATES BELOW THAT APPL	Y (IMPORTANT - READ THE INSTRUCTIONS)
I. INFORMATION PROVIDED NOT SUFFICIENT 1	
Choose this update if all attempts to locate the property fail. F section below.	Please describe the steps you took to locate the property in the comments
2. COSMETIC CHANGES REQUIRED TO THE ADI	DRESS: 18722 upper Bay Koad
Use this update to correct or update the property address sho	own above. Dassace Bay, TX 77058
Only change the address not the name.	
\square PROPERTY NOT IN OUR COMMUNITY OR JUR	
Choose this update if you have positively determined that the community name and if known the NFIP Community ID Num	e property shown is not located in your community. Please provide the correct ber. If available, please attach a map showing the property location.
ASSIGN TO COMMUNITY NAME:	NFIP COMMUNITY ID #
	on has occurred to the building, property or the source of flooding that protects
the building from future events similar to those that occurred	in the past. The correction must be supported by documentation such as an
Elevation Certificate and the Mitigation information below mu	,
Mitigation Action 1.) Source of Mitigation Fundin	g 3.) See the back of this form for the appropriate codes.
5. NO BUILDING ON PROPERTY.	
	ositively identified as the site of the previously flooded building and documentation xists at this site. The correction must be supported by documentation such as a
Demolition or Relocation Permit and the Mitigation information	
Mitigation Action 2.) Source of Mitigation Fundin	g 3.) See the back of this form for the appropriate codes.
- 'Land	
	COMBINE AS ONE LISTING.
Choose this update to identify two or more separate listings the property. Please indicate which address shown is the correct	that are for the same building. List all other RL numbers that are duplicates to this address to use.
HISTORIC BUILDING: Check this box if you know	w the building is listed on a State or National Historic Registry.
ADDITIONAL COMMENTS:	

A SIGNED RL TRANSMITTAL SHEET MUST ACCOMPANY THIS FORM FOR APPROVAL OF THE UPDATE!

SEE PRIVACY ACT STATEMENT ON THE BACK

CITY OF NASSAU BAY 1800 Nasa Road One Nassau Bay, Texas 77058

713 333 2108 10/23/00 PLUMBING PERMIT 20-02399 Job Site Address: 18722 UPPER BAY Legal Description: BLK: 30 Lot: 11 Add: NASSAU BAY SEC.8 Job Description: IRRIGATION-VACUUM BREAKERS 8 Uwner: LARRY REUMUNU Telephone: 713 333-4534 10 Contractor: J LANSCAPE SERVICES (- 11 Telephone: 000 000-0000 Architect: 12 Telephone: 000 000-0000 Englameer: 0000-000 000 remenaelel 13 14 15 Zoning Category: 16 Variance to the Zoning Requirements: <u>17</u> Building Height: feet Stories Occupancy Load: 20 Job Site located in 100 Year Flood Plain; 22 Flood Plain Zone: Base Flood Elevation: Base Construction Elevation: rt. MSL 25 26 Additional Requirements: Separate Permits are required for Electrical, Plumbing, 28 Heating/Ventilating/Air Conditioning, Elevators, Bulkheading, and Sign for the appropriate projects. This permit becomes null and void if 30 work or construction here in authorized is not commenced in six (6) 31 menths; or if construction or work is suspended or abandoned for a 32 period of one (1) year at any time after work is commenced. 33 34! All Building Permitted projects shall require that a Registered . Surveyors certification to the "as-built" first flood elevation chattem of the lowest floor support stringer in Velocity Zones) be submitted at the time the foundation is being readied for pouring of concrete (installation of the lowest floor stringer). 40 Contractor shall be responsible for the calling in Inspection Request 41 on the following project phases: 42 Ground/Pier Holes _____ Foundation Framing 46 47 48 Valuation: Total Fee: 4.000.00 27.00 Issued By: PM 51 52

55

APPLICATION FOR PLUMBING PERMIT

CITY OF NASSAU BAY -- NASSAU BAY, TEXAS BUILDING DEPARTMENT

JOB ADDRESS (B 7	zz uppor	BAY ROAD	APPLICANT	DATE (0/23/00
OWNER				
OWNER'S			APPLICANT'S ADDRESS	APPLICANT'S PHONE
ADDRESS		[] NEW	HEIGHT OF BUILDIN	G LICENSE NO.
CONTRACTOR []	OWNER[]	[] ALTERATION	Stories: Feet	

PLUMBING

PLUMBING IRRIGATION

QUAN.			AMOUNT	QUAN.				AMO	TNL
QUAIN.	Water Closets (Toilets)	@ 1.50		1	Vacuum Breakers 1	to 5	@ 2.00	2.	00
	Bathtubs	@ 1.50			Over 5 Each		@ .30		
		@ 1.50			Water Heaters				
	Basins (Lav.)	@ 1.50 @ 1.50			New		@ 3.00		www.www.wadorf
	Sinks				Replaced (Same	Location)	@ 3.00		
	Laundry Trays	@ 1.50			Wall Heater	<u> </u>	@ 5.00		
	Showers	@ 1.50			yvair i leater		<u> </u>		
	Urinals	@ 1.50			Vard Light or Barboo	ruo Grill			
	Floor Drains	@ 1.50			Yard Light or Barbed	que Gilli	@ F.00		
	Sewers	@ 5.00	· · · · · · · · · · · · · · · · · · ·		1 st Installation		@ 5.00		
	Drinking Fountains	@ 1.50			Ea. Additional Ins	tallation	@ 1.00		
	Rainwater Systems Per Drain	n @ 2.00							
	Lawn Sprinkler Systems	@40.00					@		
	Fire Sprinklers	@40.00					@		
	Swimming Pool – Private	@25.00					@		
	Swimming Pool - Public	@40.00			Reinspection		@ 8.00		
	Gas Outlets 1 to 5	@ 5.00			Additional Reinspec	tion	@12.50		
	Over 5 Each	@ .50			Special Inspection T	rip	@12.50		
	Water Piping System or Rep			SU	B-TOTAL PL	UMBING		·········	
	Radiant Heat Piping System			MISC	ELLANEOUS				
	Water Tap	@			Water Softener		1.00		
	Sewer Connect	@			Garbage Disposal		1.00		
	P–Trap	@10.00			Dishwasher		1.00		
					Automatic Washer		1.00		
REMARKS		NOTICE OF RE No work shall be perform street opening permit from liable for any damage to a	ned in the public on the Engineering	right-of-way g Division. (without first obtaining a	BASE FEE		\$ 25.	00
						TOTAL MISC	. FEES		
				OVEN CAPE	TO BE DONE BY THE	TOTAL PLUM		2	00
THE ABOV	VE APPLICATION IS A COMPLET GNED.	E STATEMENT OF THE	PLUMBING IMPF	COVEMENTS	O TO BE DONE BY THE				
APPLICAN	IT.	вү				TOTAL FEE	S	27.	00

FOR ADDITIONAL INFORMATION PLEASE CALL (281) 333-4211
APPROVED 10/23/2000 Person Welley

APPLICATION FOR BUILDING PERMIT

CITY OF NASSAU BAY – NASSAU BAY, TEXAS BUILDING DEPARTMENT

FILL IN ALL APPLICABLE INFORMATION

(STRIKE OUT ALL SPACES WHICH DO NOT APPLY)

				Tariante	DATE
Larry Re	dmond	18722 Upper	Bay Rd	PHONE	O 23 2000
BUILDER		6205 Woodus	1. 1 Tx And	PHONE 28/-332-03	
J Landscay	pe Jerojicas		16 7.C. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	PHONE	LICENSE NO.
ARCHITECT / DESIGNER		ADDRESS		PHONE	
ENGINEER		ADDRESS		PHONE	116256
LENDER OR LIEN HOLDER					
	STREET, 44 0 0 0	0 01	NUMBER	LOT	BLOCK
JOB ADDRESS	SUBDIVISION 1	pper Bay Rd	18722	LOT SIZE	LOT AREA
USE ZONE			1[] C2[] C3[]	M1[] M2[] NON-CONFORM	PC[] LM[]
YARDS	A[] B[]	D[] S[] [SIDE YARD REAR YARD	NEAREST ACCESSOR	L SET BACK SIDE VAL	
DISTANCE TO PROPERTY LINES	BUILDING	ATRIONIDA ALTERATION (BUILDING		
CLASS OF WORK	NEW [] ADDITIONAL [] TERMITE REPAIR []	STRUCTURAL ALTERATION [] NON-STRUCTURAL ALTER	RATION []	MOVING []	OTHER []
	MAIN WIDTH	DEPTH AREA	HEIGHT	FIRE ZONE TYPE C	F CONSTRUCTION
SIZE	BUILDING	= 5	SQ. FT.		II III IV V VI
OF	ACCESSORY WIDTH	DEPTH AREA	HEIGHT	FIRE ZONE	11 111 IV V VI
BUILDING	BUILDING	= 8	Q, FT.		" " ' ' ' '
	EXISTING BUILDING A	AREA	Q. FT. HEIGHT	FIRE ZONE	II III IV V VI
LOT	BUILDING WIDTH LOT	WIDTH LOT WIDTH	TOTAL AREA OCCUPIED	LOT AREA	LOT AREA OCCUPIED
COVERAGE	÷	coverage %	SQ. FT.	÷	= %
EASEMENTS	YES[] PUBLIC[] NO[] PRIVATE[]	OVERHEAD[] REAR[ANCHOR WHERE	SIZE
		author to a minor	() CONCRETE	SHEET MI	ETAL []
EXTERIOR FINISH	STUCCO [] BOARD & RUSTIC [] BATTEN [([] CONCRETE E [] BLOCK [] LIVING UNITS	OTHER	BASEMENT
OCCUPANCY	TO BE USED AS		:		SIZESQ.FT.
ROOMS	TOTAL BEDROOMS	BATHS LIVING DINING	L-D-COMBO DEN	KITCHEN NOOK	
i	NUMBER				GARAGE Det.[]
VALUATION OF IMPROVEMENTS	NUMBER HOUSE	GARAGE \$	HOUSE ATTACHED) GARAGE	GARAGE DET.[] ALL OTHER TYPES
COUNCIL ACTION	HOUSE \$ USE PERMIT APPROVED DATE:	\$ GARAGE \$ VARIANCE DATE) GARAGE	GARAGE DET.[]
COUNCIL ACTION	HOUSE \$ USE PERMIT APPROVED DATE: PTION OF WORK NOT COVEREI	\$ VARIANCE DATE	\$	O GARAGE \$ LOT RESUB	GARAGE DET.[] ALL OTHER TYPES
COUNCIL ACTION	HOUSE S USE PERMIT APPROVED DATE: PTION OF WORK NOT COVEREI	S GARAGE VARIANCE DATE DABOVE:	\$ APPROVED	LOT RESUB	GARAGE DET.[] ALL OTHER TYPES ADDO DIVISION APPROVED
COUNCIL ACTION REMARKS: DESCRIP	NUMBER HOUSE \$ USE PERMIT APPROVED DATE: PTION OF WORK NOT COVEREI TVY 19 CAV'ON IRLES WSPC	S GARAGE VARIANCE DATE DABOVE:	\$ APPROVED	LOT RESUB	GARAGE DET.[] ALL OTHER TYPES ADDO DIVISION APPROVED
COUNCIL ACTION REMARKS: DESCRIP	HOUSE \$ USE PERMIT APPROVED DATE: PTION OF WORK NOT COVEREING CONTROL OF THE CO	\$ VARIANCE DATE	\$ APPROVED	LOT RESUB	GARAGE DET.[] ALL OTHER TYPES ADDO DIVISION APPROVED
IMPROVEMENTS COUNCIL ACTION REMARKS: DESCRIP New EGQU CCRT	NUMBER HOUSE S USE PERMIT APPROVED DATE: PTION OF WORK NOT COVEREI TVY) 9 CA 1/OA IRES WORK IFT CATE THAT I HAVE READ THIS APPLICAT	S GARAGE VARIANCE DATE DATE SCION PRIOR TON AND STATE THAT THE ABOVE IS CORR	S APPROVED VE TO COVE BACK-FLOO	LOTRESUBDATE LOTRESUBDATE LOTRESUBDATE LOTRESUBDATE	GARAGE DET.[] ALL OTHER TYPES ADDO DIVISION APPROVED
IMPROVEMENTS COUNCIL ACTION REMARKS: DESCRIP New EGQU CCRT	HOUSE S USE PERMIT APPROVED DATE: PTION OF WORK NOT COVEREI TV13 CAVIOR IRES WSP	S GARAGE VARIANCE DATE DATE SCION PRIOR TON AND STATE THAT THE ABOVE IS CORR	S APPROVED L. TO COVE BACK-FLOOR BEGT AND I FURTHER AGREE-FO/CO	LOTRESUBDATE LOTRESUBDATE LOTRESUBDATE LOTRESUBDATE	GARAGE ATT.[] ALL OTHER TYPES ALL OTHER TYPES ALL OTHER TYPES DIVISION APPROVED DIVISION APPROVED
IMPROVEMENTS COUNCIL ACTION REMARKS: DESCRIP NEW LEQU CCYCT THEREBY ACKNOWLEDG BUILDING INSPECTOR GO	NUMBER HOUSE S USE PERMIT APPROVED DATE: PITON OF WORK NOT COVEREI TVY) G AVO OF URLES WSPO USE PERMIT APPROVED DATE: PITON OF WORK NOT COVEREI TVY) G AVO OF URLES WSPO USE THAT I HAVE READ THIS APPLICAT OVERNING BUILDING CONSTRUCTION	S GARAGE VARIANCE DATE DATE SCION PRIOR TON AND STATE THAT THE ABOVE IS CORR	S APPROVED L TO COVE BACK-FLOOR BET AND I FURTHER AGREE #9000 BY:	LOTRESUBDATE LOTRESUBDATE LOTRESUBDATE LOTRESUBDATE	GARAGE ATT.[] ALL OTHER TYPES ALL OTHER TYPES ALL OTHER TYPES DIVISION APPROVED DIVISION APPROVED
IMPROVEMENTS COUNCIL ACTION REMARKS: DESCRIP NEW LEQU CCYCT THEREBY ACKNOWLEDG BUILDING INSPECTOR GO	NUMBER HOUSE S USE PERMIT APPROVED DATE: PITON OF WORK NOT COVEREI TVY) G AVO OF URLES WSPO USE PERMIT APPROVED DATE: PITON OF WORK NOT COVEREI TVY) G AVO OF URLES WSPO USE THAT I HAVE READ THIS APPLICAT OVERNING BUILDING CONSTRUCTION	S GARAGE VARIANCE DATE DATE DATE TO ABOVE: TO ABOVE: TO A PRIOR TO TEST FOR TON AND STATE THAT THE ABOVE IS CORR	S APPROVED L TO COVE BACK-FLOOR BET AND I FURTHER AGREE #9000 BY:	LOTRESUBDATE LOTRESUBDATE LOTRESUBDATE LOTRESUBDATE	GARAGE ALL OTHER TYPES ALL OTHER TYPES ALL OTHER TYPES ALL OTHER TYPES DET.[] DET.[] DET.[] DET.[] DET.[]
IMPROVEMENTS COUNCIL ACTION REMARKS: DESCRIP LEQU CCPCT I HEREBY ACKNOWLEDG BUILDING INSPECTOR GO OWNER: WRITTEN AUTHORIZA PERMIT FEES:	NUMBER HOUSE S USE PERMIT APPROVED DATE: PITON OF WORK NOT COVERED TO A 1'O' TO A 1' TO A 1'O' TO A 1' TO A 1'O' TO A 1'O' TO A 1' TO A	S GARAGE VARIANCE DATE DATE DATE COMPRION SCION PRION FIGURE THAT THE ABOVE IS CORR RESENTED WHEN WORK IS DONE BY DEPARTMENT USE) HOUSE & OTHER	SAPPROVED L. TO COVE BACK-FLOO ECT AND I FURTHER AGREE-19/CO BY: OCCUPANT OR LESSOR.	LOT RESUBDATE LOT RESUBDATE WE PROVISE MPLY WITH ALL CITY ORDINANCE MISC.	GARAGE ATT.[] ALL OTHER TYPES ALL OTHER TYPES ALL OTHER TYPES DIVISION APPROVED DIVISION APPROVED
IMPROVEMENTS COUNCIL ACTION REMARKS: DESCRIP LEQU CCP27 I HEREBY ACKNOWLEDG BUILDING INSPECTOR GO OWNER: WRITTEN AUTHORIZA	NUMBER HOUSE S USE PERMIT APPROVED DATE: PTION OF WORK NOT COVEREIN TVY) 9 CA 1/OA IRES WOSP (IFT CATE CO ETHAT I HAVE READ THIS APPLICATION OF OWNER MUST BE PE	S GARAGE VARIANCE DATE DATE	SAPPROVED L TO COVE BACK-FLOOR BY: OCCUPANT OR LESSOR.	LOT RESUBDATE LOT RESUBDATE WE PROVISE MPLY WITH ALL CITY ORDINANCE MISC.	ALL OTHER TYPES ALL OT

FOR ADDITIONAL INFORMATION PLEASE CALL (281) 333-4211

Redmond 18722 Upper Bay Ra N.B.TX. Tlandscopesson. LC:TY. 1000

CITY OF NASSAU BAY 1800 Nasa Road One Nassau Bay, Texas 77058 713 333-2108

6/10/99

MECHANICAL PERMIT

99-02049

Job Site Address: 18722 UPPER BAY

Legal Description: BLK: 30 Lot: 11 Add: NASSAU BAY SEC.8

Job Description: INSTALL HTG & COOLING UNIT

Owner: LARRY REDMOND Telephone: 713 333-4534

Contractor: BOBS A/C & HTG Telephone: 713 332-4321
Architect: Telephone: 000 000-0000

Engineer: Telephone: 000 000-0000

Zoning Category: Variance to the Zoning Requirements:

Building Height: feet Stories

Occupancy Load: persons

Job Site located in 100 Year Flood Plain:

Flood Plain Zone:

Base Flood Elevation: ft. MSL
Base Construction Elevation: ft. MSL

Additional Requirements:

Separate Permits are required for Electrical, Plumbing, Heating/Ventilating/Air Conditioning, Elevators, Bulkheading, and Sign for the appropriate projects. This permit becomes null and void if work or construction here in authorized is not commenced in six (6) months, or if construction or work is suspended or abandoned for a period of one (1) year at any time after work is commenced.

All Building Permitted projects shall require that a Registered Surveyors certification to the "as-built" first flood elevation (bottom of the lowest floor support stringer in Velocity Zones) be submitted at the time the foundation is being readied for pouring of concrete (installation of the lowest floor stringer).

Contractor shall be responsible for the calling in Inspection Request on the following project phases:

Ground/Pier Foundation	Holes				
Framing Final					
Valuation: Total Fee:		.00	T	ssued By:	SN

APPLICATION FOR HVAC &/OR BOILER PERMIT

BUILDING DEPARTMENT

Job Address _	18722 Upperbay Rd. Kin Bui	d of Iding Residual			
Applicant .	BoB's A/c & Htg, elne. Ow	nor Lappy Redmond	Date_	6-10-99	
Address		dress 18722 Upperbay			534
Contracto	BoB's A/c r Htg. Inc.	, А	License No 77	ACLA 314 (2
Address_=	305 Houston Ave. League Cox	4, 7, 77573	Phone 281-336	1521	
Type of E	quipment: <u>RHEEM</u>				
Heating: _	Northernal Las Car	pacity in BTU's 100,00	ప		
Boiler:	WaterSteam	Pressure HP			
Air Conditi	oning Electric Car	acity in TONS5			
Locations:	Heater Attic				
	Air Handler				
	Air Handler				
	FE)	ES			
Quantity	, Ita	ems ·		Amount	
į	AIR CONDITIONING- \$5.00 Minimum, any fraction the	plus \$1.50 per ton or ereof.	per H.P. or		
•	HEATING EQUIPMENT-\$5.00 Minimum, fraction thereo	plus \$1.00 per 100,000 of of heating capacity.	BTU or any		
	COMBINATION HEATING AND COOLING E per ton or per any fraction th	QUIPMENT- \$10.00 Minimore H.P. and \$1.00 per 100 ereof.	.000 BTU or		00 50 00
	VENTILATION SYSTEM (Over 2,000 CF	M)- \$5.00			
		•			
	Base Fee \$8.00 First Reinspection \$8.00 Additional Reinspection \$12.50 Special Inspection Trip \$12.50			# 75	00
	Electrical permit required if ne	TOTAL w system	FEES	43,	50
	Applicant Robert K. Surmer	Date_	6-10-99	,	

CITY OF NASSAU BAY 1800 Nasa Road One Nassau Bay, Texas 77058 713 333-2108

5/01/91

GAS LINE TEST

91-00024

Job Site Address: 18722 UPPER BAY

Legal Description: BLK: 30 Lot: 11 Add: NASSAU BAY SEC.8

Job Description: GAS LINE

Owner: LARRY REDMOND Telephone: 713 333-4534
Contractor: CHARLIES COMMERCIAL PLUMB Telephone: 713 941-3162
Architect: Telephone: 000 000-0000

Engineer: Telephone: 000 000-0000

Zoning Category: Variance to the Zoning Requirements:

Building Height: feet Stories

Occupancy Load: persons

Job Site located in 100 Year Flood Plain: Flood Plain Zone:

Base Flood Elevation: ft. MSL
Base Construction Elevation: ft. MSL

Additional Requirements:

Separate Permits are required for Electrical, Plumbing, Heating/Ventilating/Air Conditioning, Elevators, Bulkheading, and Sign for the appropriate projects. This permit becomes null and void if work or construction here in authorized is not commenced in six (6) months, or if construction or work is suspended or abandoned for a period of one (1) year at any time after work is commenced.

All Building Permitted projects shall require that a Registered Surveyors certification to the "as-built" first flood elevation (bottom of the lowest floor support stringer in Velocity Zones) be submitted at the time the foundation is being readied for pouring of concrete (installation of the lowest floor stringer).

Contractor shall be responsible for the calling in Inspection Request on the following project phases:

Ground/Pier Foundation Framing	Holes		
Final			
Valuation:	.00		
Total Fee:	8.00	Issued By:	SW

71.68 Be 30 H 11

APPLICATION FOR PLUMBING PERMIT

City of Nassau Bay-Nassau Bay, Texas Building Department

ADDRESS 18722 Upper BAy SILL OWNER MR. Redmond 333-4534				Charles Comm. Plumbing APPLICANT Charles Crawford DATE 4-31-91					
OWNER MR. Redmond 333-4534			APPLICANT Charles Crawford DATE 4-31-91						
			[ADDRESS 1309 Pennsylvania 77587 APPLICANTY PHONE NEW Height of Building License			1-3162 NT3		
CONTRACTOR OWNER] NEW	EW Height of Building (M1047	nse No.	
PLUMBING					PLUMBING			(97:30)	
QUAN.	Water Clarete (Toilete)	0.1	AMOL	TNT	QUAN.				THUOMA
	Water Closets (Toilets) Bathtubs	@ 1.		· · · · · · · · · · · · · · · · · · ·		Vacuum Breakers	1 to 5	@ 2.00	
	No. of the second secon	@ 1.			ļ	Over 5 Each	***************************************	@ .30	,
•	Basins (Lav.)	<u>@ 1.</u>		**************************************		Water Heaters			
	Sinks	@ 1.				New	· · · · · · · · · · · · · · · · · · ·	@ 3.00	
C.C.	Laundry Trays	@ 1.			ļ	Replaced (San		@ 3.00	
	Showers	<u>@ 1.</u>				Wall Heater		@ 5.00	
	Urinals	@ 1.	.50						
	Floor Drains	@ 1.	.50			Yard Light	or B <mark>ar</mark> beq	ue Grill	
	Sewers	@ 5.	.00			lst Instal	lation	@ 5.00	
	Drinking Fountains	@ 7.	.50			Ea. Add'l	Installat	ion@ 1.00	
	Rainwater Systems Per Drain	@ 2.	.00		\	GASline		@	
	Lawn Sprinkler Systems	@ 2.	.00	***************************************				@	
	Fire Sprinklers	@ 5.	.00					@	
	Swimming Pool-Private	@25.	00					@	The second se
	Swimming Pool-Public	@40.	00			Reinspection	n	@ 8.00	\$ C4 *
	Gas Outlets 1 to 5	@ 5.	00			Add'l Reins	pection	@12.50	
	Over 5 Each •	@ .	50			Special Insp	pection T	rip@12.50	
	Water Piping System or Repair to	@ 3.	00		TOTAL PLUMBING		IBING		
	Radiant Heat Piping System	@ 1.	00			MISCELLANEOUS		ıs	
	WATER TAP	@				Water Softener		1.00	**************************************
	SEWER CONNECT	@				Garbage Disposal		1.00	
		@				Di shwasher		1.00	
	000 24					Automatic Washer	1	1.00	
REMARKS	NEMANIO					PENING PERMIT	BASE FEE		8.00
without first ob the Engineering				be performed in the public right-of-way obtaining a street opening permit from g Division. Contractors shall be held lie-amage to existing underground facilities.			. FEES	11-9-14-9-14-9-14-9-14-9-14-9-14-9-14-9	
THE A	THE ABOVE APPLICATION IS A COMPLETE STATEMENT OF THE PLU				TOTAL 5				
APPLICA	APPLICANT LL ()						TOTAL F	EES	850