Alteration Transmittal Form
For Industrialized Housing and Permanent Industrialized Buildings

The industrialized builder or installation permit holder shall complete the following information and attach a copy of all required construction documents and a copy of the data plate on the industrialized house or permanent industrialized building.

Type of Alteration – Units to be altered consist of modules or modular components that comprise (check one):

1. ☐ An Industrialized house. Units will be altered prior to installation.
2. ☐ *An Industrialized house. Units will be altered during installation and will be installed outside the jurisdiction of a municipality.
3.  ☐ A Permanent industrialized building. Units will be altered prior to installation.
4.  ☐ *A Permanent industrialized building. Units will be altered during installation and will be installed outside the jurisdiction of a municipality.

Builder’s or Installation Permit Holder’s name: __________________________

Builder’s Registration Number or Installation Permit Number: __________________________

Mailing address: _____________________________________________________________

Contact Name: ______________________________________________________________

Phone Number: ______________________________________________________________

Address where alteration construction will be performed: _____________________________________________________________

**Email address (optional): ____________________________________________________

Complete the following for the units to be altered.

Manufacturer’s name & registration #: ____________________________________________

Unit serial numbers as assigned by mfg: _____________________________________________

Texas decal numbers: __________________________________________________________

Original approval date(s) of construction documents [copy submitted to DRA with transmittal sheet]: __________________________

With knowledge of the penalties for false statements, I certify that the above information is true and accurate. I further certify that alterations of industrialized housing and buildings shall be constructed in accordance with the mandatory building codes, the engineered plans, and department rules and shall be inspected in accordance with the procedures established by the Texas Industrialized Building Code Council.

_________________________________________ Date

Signature of industrialized builder or installation permit holder

Printed name of industrialized builder or installation permit holder

Signature must be a corporate officer if incorporated, managing partner of a partnership, sole proprietor, or installation permit holder, or other individual as designated in writing to the Department as authorized to represent the builder or installation permit holder.

* Alterations of industrialized housing or permanently installed industrialized buildings within the jurisdiction of a municipality that regulates construction shall be in accordance with the permitting and inspection procedures of the municipality.

** The Department will add your address to the Industrialized Housing and Buildings (IHB) email notification list, which automatically provides information from the Department on matters affecting IHB. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: https://www.tdlr.texas.gov/disclaimer.htm
The following Section is to be completed by the Design Review Agency upon approval of the alteration construction documents.

Design Review Agency (DRA) Name: ________________________________
Registration #IHDRA-__________________________________________

DRA contact name and phone # and/or email address of person to be contacted if there are questions concerning approval of alteration construction documents (please print or type):

Approval Date of Documents: ________________________________

Alteration identification number assigned by DRA: ________________________________

The alteration will result in a change in the following information.

☐ Not applicable
☐ Occupancy group changes from a _______________________ to a ______________________
☐ Type of construction changes from _______________________ to ______________________
☐ Permissible type of gas changes from _______________________ to ______________________
☐ Maximum wind speed and exposure changes from ______ mph, exposure _____ to _____ mph, exposure _______
☐ Maximum snow (roof) load changes from ________ psf to ________ psf
☐ Seismic design category changes from _______________________ to ______________________
☐ The following special conditions or limitations will apply: __________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

System Testing Requirements:
☐ System testing not required during construction
☐ System testing required during construction. Indicate tests that are required.
   ☐ DWV test (IPC §§ 312.2 or 312.3 and 312.4) ☐ Water supply system test (IPC § 312.5)
   ☐ Backflow prevention assemblies (IPC § 312.9) ☐ Gas system testing (IFGC § 406)
   ☐ Electrical system testing (NEC 550-12) ☐ Concrete tests (IBC 1905.6)

Signatures of Plan Reviewers

Structural Plan Reviewer:________________________________________
Mechanical Plan Reviewer:____________________________________
Electrical Plan Reviewer:_______________________________________
Plumbing Plan Reviewer:_______________________________________
Building Planning Plan Reviewer:_______________________________
Fire Safety Plan Reviewer:______________________________________
Accessibility Reviewer:________________________________________