

NO. _____

APPLICATION FOR RESIDENTIAL BUILDING PERMIT



PLEASE PRINT OR TYPE - INCOMPLETE APPLICATION WILL NOT BE PROCESSED

1. ADDRESS				
2. LEGAL DESCRIPTION	LOT NO.	BLOCK	ADDITION	COUNTY
3. OWNER	ADDRESS		CITY / STATE / ZIP	PHONE
4. CONTRACTOR	ADDRESS		CITY / STATE / ZIP	PHONE
5. ARCHITECT OR DESIGNER	ADDRESS		CITY / STATE / ZIP	PHONE
6. A COPY OF THE ASBESTOS SURVEY FOR THE AREA (S) TO BE RENOVATED AND / OR DEMOLISHED WILL BE MADE AVAILABLE UPON REQUEST. THIS SURVEY HAS BEEN DONE IN ACCORDANCE WITH THE TEXAS ASBESTOS HEALTH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSION STANDARD FOR HAZARDOUS AIR POLLUTANTS (NESHAP). <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE _____ INITIAL				
7. DO YOU PLAN TO USE, STORE OR MANUFACTURE ANY FLAMMABLE, COMBUSTIBLE OR OTHER HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL				
8. CHECK ALL FEATURES OF THE BUILDING AND/OR PROPERTY: <input type="checkbox"/> WATER WELL <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> ABOVE / UNDER-GROUND TANK <input type="checkbox"/> FIRE SPRINKLER <input type="checkbox"/> METAL BLDG.				
9. USE OF PROPERTY: GROUP HOME <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL			11. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> REMODEL / REPAIR <input type="checkbox"/> ADDITION <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLISH	
10. PROVIDE SQUARE FOOTAGE OF AREA INVOLVED : LIVING AREA FIRST FLOOR _____ SECOND FLOOR _____ GARAGE _____ PORCH / PATIO _____ STORAGE _____ OTHER _____ TOTAL _____ MASONRY PERCENTAGE: _____ %			12. DESCRIBE WORK _____ _____ _____ _____ 13. WORK INCLUDES: ELECTRICAL <input type="checkbox"/> YES <input type="checkbox"/> NO PLUMBING <input type="checkbox"/> YES <input type="checkbox"/> NO MECHANICAL <input type="checkbox"/> YES <input type="checkbox"/> NO 14. MARKET VALUE OF BUILDING \$ _____ (Including Property) VALUATION OF WORK \$ _____ (Material & Labor)	
CONTACT INFORMATION			ACCEPTED BY:	
PLEASE PROVIDE THE NAME, PHONE & EMAIL ADDRESS OF THE PERSON WHO WILL BE RESPONSIBLE FOR RESPONDING TO CITY INQUIRES CONCERNING THIS PROJECT.			APPROVED BY:	
CONTACT PERSON _____			ISSUED BY:	
PRINTED NAME			DATE:	
PHONE NUMBER _____			DATE:	
(AREA CODE) NUMBER			DATE:	
E-MAIL ADDRESS _____			PERMIT FEE \$	
NOTICE			* * WOOD SHINGLES ARE NOT ALLOWED EXCEPT FOR CLASS "C" OR BETTER ON SINGLE FAMILY DETACHED HOMES.	
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.			* * GROUP HOME ORDINANCE #9627-2013 ; SPACING 2,500 FEET BETWEEN HOMES.	
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.			SPECIAL CONDITIONS:	
I HEREBY FURTHER CERTIFY THAT I AM THE OWNER OF THE PROPERTY DESCRIBED HEREIN OR HAVE THE PERMISSION OF THE OWNER TO APPLY FOR THE PERMIT HEREOF AND THAT NO STRUCTURE OR ROOF OVERHANG WILL ENCROACH INTO ANY EASEMENT ON THIS PROPERTY. IT IS THE OWNER'S AND CONTRACTOR'S RESPONSIBILITY TO KNOW THE LOCATION OF EASEMENTS AND PROPERTY LINES.			_____	
NO CHANGE IS TO BE MADE IN THE USE OF THIS BUILDING OR LAND AND NO CONSTRUCTION, ADDITION OR REMODELING OTHER THAN WHICH THIS PERMIT AUTHORIZED SHALL BE MADE WITHOUT FIRST MAKING APPLICATION AND OBTAINING APPROVAL FOR SAID CHANGE.			_____	
APPLICANT'S SIGNATURE _____			_____	
DATE _____			_____	