



Permit Number \_\_\_\_\_

# Building Permit Application

Site Information				
Project Address	Suite #	Subdivision	Lot	Block
Business Name (If Commercial Project)				
Property Owner Name		Property Owner Address		City, State, & Zip
Property Owner Contact Phone			Property Owner Email	
Construction Type				
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Sign <input type="checkbox"/> Temporary Use <input type="checkbox"/> CDBG <input type="checkbox"/> Other: _____				
Permit Type				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Shell**  <input type="checkbox"/> Shell/Finish Out**  <input type="checkbox"/> Finish Out**  <input type="checkbox"/> Multi-Family**  <input type="checkbox"/> Clean &amp; Show  <input type="checkbox"/> Street Lights  <input type="checkbox"/> Subdivision Wall  <input type="checkbox"/> Retaining Wall**  <input type="checkbox"/> Screening Wall**  <input type="checkbox"/> Residential Single Family  <input type="checkbox"/> Residential Duplex/Townhome  <input type="checkbox"/> Other: _____             </div> <div style="width: 33%;"> <input type="checkbox"/> Accessory Building (Shed)  <input type="checkbox"/> Addition  <input type="checkbox"/> Alteration  <input type="checkbox"/> Arbor/Patio/Carport  <input type="checkbox"/> Concrete  <input type="checkbox"/> Demolition  <input type="checkbox"/> Donation Bin  <input type="checkbox"/> Electric  <input type="checkbox"/> Emergency Service  <input type="checkbox"/> Fence**  <input type="checkbox"/> Fireplace/Pit/Grill  <input type="checkbox"/> Foundation Repair             </div> <div style="width: 33%;"> <input type="checkbox"/> HVAC/Mechanical  <input type="checkbox"/> Irrigation**  <input type="checkbox"/> Outdoor Kitchen  <input type="checkbox"/> Plumbing  <input type="checkbox"/> Pool/Spa**  <input type="checkbox"/> Roof  <input type="checkbox"/> Sign**  <input type="checkbox"/> Solar**  <input type="checkbox"/> Special Event  <input type="checkbox"/> Storm Shelter**  <input type="checkbox"/> Water Heater  <input type="checkbox"/> Window Replacement             </div> </div>				
<b>**Application must be submitted with a corresponding Plan Review Checklist</b>				
Description of Work				
Detailed Scope and Location of Work				
Total Value of Work		Total Sq. Ft.		Proposed Use
Bldg. Fully Sprinkled: <input type="checkbox"/> Yes <input type="checkbox"/> No			TDLR#:	
Responsible Parties				
CONTRACTOR INFORMATION – PLEASE COMPLETE THE OPPOSITE SIDE OF THIS FORM (REQUIRED)				
I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances, Adopted Codes and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or a duly authorized agent. Permission is hereby granted to enter the premises and make all inspections.				
APPLICANT NAME:		SIGNATURE:		DATE:
CONTACT PHONE:			DRIVERS LICENSE #:	
EMAIL:			Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other	
PLAN REVIEW FEE:	RECEIVED BY:		DATE:	
PERMIT FEE:	ROADWAY FEE:		OTHER FEE:	
TOTAL FEE:	ISSUED BY:		DATE:	



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## CONTRACTOR / TRADE INFORMATION

GC Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number & Email: \_\_\_\_\_

Electric Company Name: \_\_\_\_\_

Master's Name & Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Phone Number & Email: \_\_\_\_\_

Plumber Company Name: \_\_\_\_\_

Master's Name & Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Phone Number & Email: \_\_\_\_\_

Mechanical Company Name: \_\_\_\_\_

Master's Name & Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Phone Number & Email: \_\_\_\_\_

Irrigation Company Name: \_\_\_\_\_

Master's Name & Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number & Email: \_\_\_\_\_