

CONSTRUCTION PERMIT APPLICATION



Application must be accompanied by applicable plans and fees. No incomplete application packages will be accepted. All fees double if work is started prior to issuance of permit.

PROJECT DESCRIPTION		
Project Address: _____	Building Permit # _____	
Property Legal Description: _____		
Valuation: \$ _____	Square Footage: _____	Zoning: _____
IBC Construction Type: _____	IBC Use Group: _____	Design Occ. Load: _____
Project Type:	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Infrastructure	
<i>Check all that apply</i>	<input type="checkbox"/> New Construction <input type="checkbox"/> Remodel/Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Signs/Signage	
	<input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire Safety Equipment	
	<input type="checkbox"/> Swimming Pool/Spa <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other: _____	
Description of Work (attach separate project scope letter if necessary): _____		

New Utility Connections Requested: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Electric <input type="checkbox"/> None		
Regulatory Flood Zone: <input type="checkbox"/> X (Shaded) <input type="checkbox"/> X (Unshaded) <input type="checkbox"/> A <input type="checkbox"/> AE <input type="checkbox"/> AE (Floodway)		
<i>If in A, AE, or AE(Floodway), Floodplain Development Permit is required prior to construction permitting.</i>		
Asbestos Detected: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, removal requires a licensed abatement contractor.		
TDLR-AB Registration: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide Registration Number: _____		

APPLICANT INFORMATION		
Company Name: _____	Contact Person: _____	
Address: _____		
Phone Number: _____	Fax Number: _____	Email: _____

PROPERTY OWNER INFORMATION		
Company Name: _____	Contact Person: _____	
Address: _____		
Phone Number: _____	Fax Number: _____	Email: _____

(Application Continues on Next Page)

CONTRACTOR INFORMATION			
COMPANY NAME	CONTACT PERSON	PHONE NUMBER	LICENSE NUMBER
Architect / Designer			
Engineer - <input type="checkbox"/> CIV <input type="checkbox"/> STR <input type="checkbox"/> MEC <input type="checkbox"/> ELE			
General Contractor			
Mechanical Contractor			
Electrical Contractor			
Plumber/Irrigator			
Other _____			

As the owner of the subject property as described in the above sections or as the designated representative thereof, I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that this form is not a permit, only an application for such a permit.

I further acknowledge that the submittal of this application does not guarantee issuance of a permit. If permit is approved and issued, that permit becomes null and void if work or construction authorized is not commenced within 180 days of the date of permit issuance, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All construction permits require one or more inspections. Required inspections must pass prior to construction proceeding phase. Final inspection(s) must pass, and a certificate of occupancy must be issued before any building is occupied.

I certify that all provisions of laws and ordinances governing this type of work will be complied with whether specified or not and I acknowledge that no work may begin until proper permits are approved and all associated fees have been paid.

Signature: _____

Date: _____