

**BUILDING PERMIT APPLICATION**

(Please Note: Separate Applications Must Be Completed for Plumbing, Mechanical and Electrical Work Permits, if applicable)

Project Information:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Cell Towers
Project Title:			
Project Address:			
Legal Description:			
Property ID No.:			

Project Type:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodel/Addition	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Foundation Only
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Deck	<input type="checkbox"/> Windows	<input type="checkbox"/> Carport/Garage
	<input type="checkbox"/> Other (Specify): _____			Disposal Location: _____	Account #: _____
Work Includes:	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Fire Protection and/or Fire Alarm System	

Description of Work:					
Commercial Use of Building: <input type="checkbox"/> Factory <input type="checkbox"/> Food Service <input type="checkbox"/> Business <input type="checkbox"/> Storage <input type="checkbox"/> Hospital/Institutional					
Residential Use of Building: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family (number of units _____)					
Building Area (Sq. Ft. Under Roof):			Construction Valuation (Building Only-All Trades Inclusive):		
Miscellaneous Building Information:					
<input type="checkbox"/> All Electrical	<input type="checkbox"/> Gas Fired Heating	<input type="checkbox"/> Gas Water Heater	<input type="checkbox"/> Irrigation System included		
<input type="checkbox"/> Fence included	<input type="checkbox"/> Property Line Sidewalk	<input type="checkbox"/> Curb Back Sidewalk	<input type="checkbox"/> Corner Lot		

Property Owner:				
Address:	City:	State:	Zip:	
E-mail Address:		Telephone No.:		
Architect or Engineer:				
Address:	City:	State:	Zip:	
E-mail Address:		Telephone No.:		
Contractor: Registered with City				
Address:	City:	State:	Zip:	
E-mail Address:		Telephone No.:		

NOTICE

Separate permits are required for electrical, plumbing, heating, ventilating or air conditioning. This permit becomes null and void if work or construction is suspended or abandoned for a period of 180 days at any time after work is commenced. 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.

Signature

Date

For Office Use Only:

Application Accepted By:		Plans Checked By		Approved for Permit By	
Date:		Date:		Date	
Plan Check Fee:		Permit Fee:			
Type of Const.:		Zoning District:			
Occupancy Class:	Max. Occupancy Load (if applicable):		Fire Sprinklers Required: Yes or No		
No of Dwelling Units (if applicable):	No. of Rooms		No. of Bathrooms or Restrooms:		Off-Street Parking Spaces:
Electrical Plans Checked By:		Plumbing Plans Checked By:			
Mechanical Plans Checked By:		Fire Protection or Fire Alarm System Plans Checked By: Date:			
TDLR Registration # (if required)		Asbestos Survey (if required): Yes or No			
Proof of Energy Code Compliance (if required): ResCheck Form or ComCheck Form		Engineered or Architect Plans: Yes or No			
<p>Verify disposal account: (required)</p> <p>Account via utility billing: <input type="checkbox"/></p> <p>Contractor account <input type="checkbox"/></p> <p>Account Number: _____</p>					