



FOR OFFICE USE ONLY

**BUILDING PERMIT #** \_\_\_\_\_

ACCEPTED BY \_\_\_\_\_ ON \_\_\_\_\_

**PLAN REVIEW FEE** \_\_\_\_\_ **Paid on** \_\_\_\_\_

**FORM OF PAYMENT:** CC: \_\_\_\_\_ CASH: \_\_\_\_\_ **Check #.** \_\_\_\_\_

**RECEIPT #** \_\_\_\_\_

**BALANCE DUE** \_\_\_\_\_

INCOMPLETE APPLICATIONS WILL **NOT** BE PROCESSED  
PLEASE COMPLETE AND SUBMIT EVERYTHING INDICATED ON THE ATTACHED CHECKLIST

## BUILDING PERMIT APPLICATION

APPLICANTS ARE REQUESTED TO PROVIDE A CURRENT DRIVER'S LICENSE AS PROOF OF IDENTIFICATION

**DESCRIPTION AND NAME OF PROJECT:** \_\_\_\_\_

**SUBDIVISION:** \_\_\_\_\_ **LOT:** \_\_\_\_\_ **BLOCK:** \_\_\_\_\_

**STREET ADDRESS OF PROJECT:** \_\_\_\_\_

**NAME OF OWNER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**NAME OF CONTRACTOR:** \_\_\_\_\_ **ADDRESS OF CONTRACTOR:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**CONTRACTOR'S LICENSE NUMBER** \_\_\_\_\_ **DOLLAR VALUE OF CONSTRUCTION: \$** \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NEW</b>	<b>ADDITION</b>	<b>REMODEL</b>	<b>OTHER</b>
SQ FT _____	SQ FT _____	SQ FT _____	SQ FT _____

NEW CONSTRUCTION AND ADDITIONS:

SQUARE FOOTAGE OF LOT _____	SQUARE FOOTAGE OF STRUCTURE _____
SQUARE FOOTAGE OF PARKING AREA _____	SQUARE FOOTAGE OF SIDEWALK/PORCH/PATIO/ETC. _____
IF APARTMENTS, NUMBER OF UNIT _____	NUMBER OF BUILDINGS _____

*Any project subject to TDLR review shall provide registration number prior to plan submittal. #* \_\_\_\_\_

*Asbestos Abatement required: Has Building been inspected for Hazardous Materials? YES NO*      *Does Building contain any Hazardous Material? YES NO*

**I CERTIFY THE TRUTHFULNESS OF ALL THE INFORMATION IN THIS APPLICATION FOR THIS PERMIT. I UNDERSTAND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THE PERMIT MAY BE REVOKED BY THE BUILDING OFFICIAL.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Reviewed by the Building Official: \_\_\_\_\_ Date: \_\_\_\_\_ **TOTAL FEE \$** \_\_\_\_\_

**THIS CHECKLIST MUST BE COMPLETED AND ALL INDICATED ITEMS SUBMITTED UPON APPLICATION OF BUILDING PERMIT.**

1. COMPLETED APPLICATION
2. REQUIRED NUMBER OF SETS OF COMPLETED BLUEPRINTS/PLANS/SCOPE OF WORK
3. COPY OF SITE DEVELOPMENT PERMIT IF APPLICABLE
4. COM CHECK/RES CHECK
5. ASBESTOS REQUIREMENTS IF APPLICABLE
6. ADA PROJECT REGISTRATION # IF APPLICABLE