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| **Permit Application** | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | Use of Property:  **Commercial Residential** | | | | | | | | | Permit #: (OFFICE USE ONLY) | | | | | | | | | | | |
| Street Address of Proposed Project: | | Suite / Bldg #: | | | | | | Lot: | | | Block: | | City: | | | | | State:  Texas | | | ZIP: | |
| Contractor / Company Name: | | Phone #: | | | | | | | Email (may be used for official communication): | | | | | | | | | | | | | |
| Property Owner (Individual Contact Name): | | Phone #: | | | | | | | Email (may be used for official communication): | | | | | | | | | | | | | |
| Owner / Tenant Sales Tax ID Number (if applicable): | | | | **Total Value of Project:** | | | | | **Sq. Ft.:** | | | | | | | **Acres:** | | | | | | |
| Description of Work: | | | | | | | | | | | | | | | | **Water Meter(s):** | | | | **Irrigation Meter(s):** | | |
| Qty: | | | Size: | Qty: | | Size: |
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|  | | |  |  | |  |
| Please indicate ALL types of work that will be part of this project by checking the appropriate boxes. | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING | FENCE | | | | SWIMMING POOL/SPA | | | | FIRE SUPPRESSION SYSTEM: | | | | | | | | | | | | | |
| MECHANICAL | COLUMNS | | | | FLATWORK (PAVING/GRADING) | | | | | | | FULLY SPRINKLED: YES NO | | | | | | | | | | |
| ELECTRICAL | RETAINING WALL | | | | DRIVE APPROACH | | | | | NUMBER OF HEADS: | | | | | | |  | | | | | |
| PLUMBING | LANDSCAPE | | | | IRRIGATION | | | | FIRE ALARM | | | | | OTHER: | | |  | | | | | |
| SIGN - ILLUMINATED YES NO | | | | | BACKFLOW | | | | FOOD SERVICE ESTABLISHMENT\* | | | | | | | | | | | | | |
| \*All food service establishments require a grease interceptor to be on site. If you checked “FOOD SERVICE ESTABLISHMENT” above, is there a grease interceptor on site: YES NO | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | |
| Mechanical Contractor Company Name: | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | | | Contact #: | | | | | | | Email Address: | | | | | | | | | | | | |
| Address: | | | | | | | City: | | | | | State: | | | | | | ZIP: | | | | |
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| Electrical Contractor Company Name: | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | | | Contact #: | | | | | | | Email Address: | | | | | | | | | | | | |
| Address: | | | | | | | City: | | | | | State: | | | | | | ZIP: | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Plumbing Contractor Company Name: | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | | | Contact #: | | | | | | | Email Address: | | | | | | | | | | | | |
| Address: | | | | | | | City: | | | | | State: | | | | | | ZIP: | | | | |
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| **By signing below, I understand that this permit application will expire in 180 days from the application date. I may request, in writing, an additional 180 days extension of the permit prior to the application expiration. If the application is allowed to expire, it may only be reactivated by the filing of a new application, including applicable plans and fees. I have carefully read the completed application and know the same to be true and correct and I hereby agree that if a permit is issued all provisions of the City or County, Local, State, and/or Federal laws will be compiled with, whether herein specified or not, I further agree to comply with all property restrictions. I also affirm that the email address(es) given above may be used for official communication concerning this permit application.** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  | | | | | | | |
| Applicant's Name: (Please Print) | | | | | | Applicant's Signature: | | | | | | | | | Phone: | | | | | | | |