

# Building Permit Application

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

**\*Permits expire 12 months after approval. Work MUST start within 90 days to keep permit active.**

**No Extensions will be granted.**

**Project Valuation:** \_\_\_\_\_

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="radio"/> Commercial	<input type="radio"/> Residential	<input type="radio"/> Sign	<input type="radio"/> Temporary Use	<input type="radio"/> Other: _____

Permit Type		
<input type="checkbox"/> Frame	<input type="checkbox"/> Accessory Building (Shed)	<input type="checkbox"/> HVAC/Mechanical
<input type="checkbox"/> Frame/Finish Out	<input type="checkbox"/> Addition	<input type="checkbox"/> Irrigation*
<input type="checkbox"/> Finish Out*	<input type="checkbox"/> Alteration	<input type="checkbox"/> Outdoor Kitchen
<input type="checkbox"/> Multi-Family*	<input type="checkbox"/> Arbor/Patio/Carport	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Clean & Show	<input type="checkbox"/> Concrete	<input type="checkbox"/> Pool/Spa*
<input type="checkbox"/> Street Lights	<input type="checkbox"/> Demolition	<input type="checkbox"/> Roof
<input type="checkbox"/> Subdivision Wall	<input type="checkbox"/> Electric	<input type="checkbox"/> Sign*
<input type="checkbox"/> Retaining Wall*	<input type="checkbox"/> Fence*	<input type="checkbox"/> Solar*
<input type="checkbox"/> Screening Wall*	<input type="checkbox"/> Fireplace/Pit/Grill	<input type="checkbox"/> Special Event
<input type="checkbox"/> Residential Single Family	<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Storm Shelter*
<input type="checkbox"/> Residential Duplex/Townhome		<input type="checkbox"/> Water Heater
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Window Replacement

**\*Application must be submitted with a corresponding Plan Review Checklist,**

Description of Work		
Scope of Work:		
Living area: Sq Ft	Garage Sq Ft	Covered Porch Sq Ft
Total Sq Ft:	TDLR#:	

### Responsible Parties

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="radio"/> Owner <input type="radio"/> Contractor <input type="radio"/> Other	
Permit Fee:	Tap Water:	Tap Sewer:
Impact Water:	Impact Sewer:	
TOTAL FEE:	ISSUED BY:	DATE:

To schedule an inspection, please call 877-837-8775

**BV Project #** \_\_\_\_\_

Or Email [inspectionstx@us.bureauveritas.com](mailto:inspectionstx@us.bureauveritas.com)