

**FEES DOUBLE IF WORK
IS PERFORMED
WITHOUT PERMIT
BEING ISSUED**



**NON-TRANSFERABLE
NO REFUNDS
EXPIRES IN 180 DAYS**

Building Permit Application

Project Address _____ Date _____

Type of Permit New Residential Residential Remodel Residential Addition
 New Commercial Commercial Remodel Commercial Addition
 Fence Driveway/Flatwork Moving
 Demolition Foundation

Owner Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

.....

Complete for Commercial Occupancy Only:

Commercial Name: _____

Total Square Footage: _____

Proposed Use/ Building Type: _____

_____ I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the areas being renovated and/or demolished.

Complete for Residential Occupancy Only:

Living area: _____

Garage and covered porch: _____

Total square footage: _____

Is building in a floodplain? Yes No

Description of work: _____

New Work Re-Construction Addition Repair

Valuation of work: _____

Issuing Permit Fee: \$15.00

**permit fees must be paid prior to inspection(s).

**Reinspection fees are required for failed inspections and must be paid prior to the reinspection.

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Contractor Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

UTILITIES AVAILABILTY APPLICATION

UTILITY SERVICES REQUESTED (TAPS REQUESTED) **Please show number and size**

Water _____ Sanitary Sewer _____

SEWER EFFLUENT CHARACTERISTICS

Domestic _____ Non-domestic _____ Industrial _____

BUILDING OFFICIAL/DIRECTOR OF PUBLIC WORKS EVALUATION

_____ Eligible for immediate permit
_____ Plat or re-plat required
_____ Utilities availability inquiry
_____ Conference recommended
_____ Land Use Standards reviewed
_____ Construction site plans needed

Remarks:

APPLICANT IS RESPONSIBLE TO STAKE AND LABEL UTILITY TAP LOCATION UPON APPROVAL

Applicant/Owner Signature _____ Date _____

Building Official _____ Date _____

Director of Public Works _____ Date _____

NOTE: PLAN REVIEW FOR RESIDENTIAL PLANS IS APPROXIMATELY 1 WEEK, SMALL COMMERCIAL PLANS IS APPROXIMATELY TWO WEEKS AND LARGE COMMERCIAL PLANS IS APPROXIMATELY TWO WEEKS OR MORE. ALL PLANS WILL BE REVIEWED FOR APPROVAL IN THE ORDER THEY ARE RECEIVED.