



**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:        \$25.00**

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

\*\*Reinspection fee of \$75.00 is required for failed inspections and must be paid prior to the reinspection.

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.**