



Building Permit Application

Permit #: _____

All Permits Require a Site Plan and Construction Document

Office Use Only

Property Owner				
Name _____		Phone #: _____		
Address _____		City _____	State _____	Zip Code _____
Name of Business Leasing (if applicable) _____		Phone #: _____		
Location/Address of where work is being done: _____				
Contractors				
General Contractor: _____		GC Phone #: _____ Fax #: _____		
Electrical Contractor: _____		Plumbing Contractor: _____		
Mechanical Contractor: _____		Other: _____		
Description of Work/Job				
Classification		City Water	City Sewer	Stories
<input type="checkbox"/> Residential	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	Above Grade _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Remodel	<input type="checkbox"/> New	<input type="checkbox"/> New	Below Grade _____
	<input type="checkbox"/> Addition	<input type="checkbox"/> None	<input type="checkbox"/> None	
Construction Types				
Structure Type	Foundation Type	Roofing Material	Roof Design	Retaining Wall
<input type="checkbox"/> Concrete	<input type="checkbox"/> Pier/Beam	<input type="checkbox"/> Composite	<input type="checkbox"/> Truss	<input type="checkbox"/> Concrete
<input type="checkbox"/> Masonry/Steel	<input type="checkbox"/> Slab	<input type="checkbox"/> Wood	<input type="checkbox"/> Conventional	<input type="checkbox"/> Keystone
<input type="checkbox"/> Metal		<input type="checkbox"/> Metal		
<input type="checkbox"/> Heavy Timber				
<input type="checkbox"/> Ordinary Frame				
Occupancy Classification				
<input type="checkbox"/> Assembly	<input type="checkbox"/> Educational	<input type="checkbox"/> High Hazard	<input type="checkbox"/> Business	<input type="checkbox"/> Factory/Industrial
<input type="checkbox"/> Residential	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Miscellaneous (Group U)	<input type="checkbox"/> Institutional <input type="checkbox"/> Storage	
Building Use: _____				
Miscellaneous				
(If value is over \$50,000, then construction documents shall be prepared by a registered design professional)				
	Square Feet	Value	Notes:	Fire Protection
Proposed Work				(Fire alarm and sprinkler system plans must be submitted for review within 30 days from Building Permit issuance)
Existing Structure (if applicable)				
Number of Bedrooms: _____			(Required on Residential/Mixed-use Occupancies)	
Asbestos Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No			(Required on non-residential Remodel/Demolition)	
Plans registered with the Texas Department of Licensing and Regulations (TDLR)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zoning/Streets				
Zoned For: _____			Amount of Road Frontage _____	
Parking Spaces	Plans for Landscaping: <input type="checkbox"/> Yes <input type="checkbox"/> No		(Required on all non-residential buildings)	
Planned:	Driveway: <input type="checkbox"/> Yes <input type="checkbox"/> No	(TXDOT Permit required if on a State Highway)		
Existing:	Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Fire Alarm Plan Review Fee:	
Sprinkler Plan Review Fee:	
Plan Review Fee:	
Application Fee:	
Total:	

Name of Applicant: _____

Signature _____ Date _____

Entered by: _____

Signature: _____ Date Issued: _____