



Permit # \_\_\_\_\_

## 1 & 2 Residential Dwelling Building Permit Application

*All Permits Require Construction Documents in Digital Form (paper may be requested)*

### Property Owner

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name of Business (if applicable) \_\_\_\_\_ Office # \_\_\_\_\_  
 Email: \_\_\_\_\_

### Contractor

Name of Company: \_\_\_\_\_ Office # \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Contact Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_ Liability Insurance on file with City of Kilgore  Yes  No

### Location of Project

Name of Business (if applicable) _____	Check all that apply
Address / Location: _____	<input type="checkbox"/> Inside City Limits of Kilgore <input type="checkbox"/> Downtown Core
	<input type="checkbox"/> Inside Kilgore's ETJ <input type="checkbox"/> Downtown Overlay

### Description of Work/Job

Classification	Water			Sewer		Stories / Floors
	City	Private	Lawn Sprinklers	City	Private	
<input type="checkbox"/> New						Above Grade: _____
<input type="checkbox"/> Addition	<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	Below Grade: _____
<input type="checkbox"/> Remodel	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	
<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	

**Proposed Square Feet of Work:** \_\_\_\_\_ Is the Lot / Parcel Plated  Yes  No

Existing Square feet of Structure: \_\_\_\_\_ Existing or Proposed Structure is on a Single Lot  or Multiple Lots

Single Family Dwelling  Townhome (2) Family Dwelling  Duplex (2) Family Dwelling

Number of Bedrooms: \_\_\_\_\_ Primary Structure  Secondary Structure  Other

### Construction Types

Structure Type	Foundation Type	Roofing Material	Roof Design	Retaining Wall
<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry & Steel	<input type="checkbox"/> Pier / Beam	<input type="checkbox"/> Composite	<input type="checkbox"/> Truss	<input type="checkbox"/> Concrete
<input type="checkbox"/> Metal <input type="checkbox"/> Heavy Timber	<input type="checkbox"/> Slab	<input type="checkbox"/> Wood	<input type="checkbox"/> Conventional	<input type="checkbox"/> Keystone
<input type="checkbox"/> Ordinary Frame	<input type="checkbox"/> Other	<input type="checkbox"/> Metal		<input type="checkbox"/> None

### Fire Protection

Residential Fire Sprinkler System:  Existing  New  
 Addition  None

Residential Fire Alarm System:  Existing  New  
 Addition  None

### Streets / Zoning

Existing Driveway	Existing with Changes	New Driveway	Additional Driveway
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Road Frontage: _____	Zoned For: _____	

*I certify that expansive or collapsible soil conditions do not exist for this building site or that I will install a roof gutter system that complies with 2012 IRC Sec. 801.3. By signing this application you are verifying all information is correct.*

(Print) Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_