

PERMIT# _____

DATE ISSUED _____



COMMERCIAL/MULTI-FAMILY BUILDING PERMIT APPLICATION

Project Address: _____

Property Owner / Tenant: _____

Contractor Name: _____

Contractor Address: _____

Phone Number: _____ Contact Person: _____

Email: _____

Architect / Engineer: _____

TDLR Architectural Barriers Registration No. _____

Legal Description: Lot No. _____ Block _____

Name of Subdivision: _____

Type of Work: New Construction Remodel Demolition Miscellaneous Driveway
 Fence Roof Sign Fire Alarm Fire Sprinkler Swimming Pool

Occupancy Load (if applicable) _____

Description of Work: _____

VALUATION OF PROJECT \$ _____ LOT COVERAGE% _____

Special Conditions (if any): _____

NOTE: All permits become null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is started.

I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that all provisions of state laws and city ordinances governing this type of work will be complied with whether specified herein or not. I further understand that the issuance of a permit does not grant the authority to violate or cancel the provisions of any state or local laws regulating construction or the performance of construction

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY

PERMIT APPROVED FOR ISSUANCE BY:

Building Official and/or Representative

Date

Permit Fee: _____

Plan Review Fee: _____

Total Permit Cost: \$ _____