



RESIDENTIAL BUILDING PERMIT APPLICATION

OFFICE PHONE – 972/744-4180 • INSPECTION REQUEST – 972/744-4181 • FAX – 972/744-5802

PROJECT ADDRESS						
OWNER OF PROPERTY	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #	
OWNER OF PROPERTY EMAIL ADDRESS						
CONTRACTOR	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #	
TYPE OF WORK: NEW SHELL BLDG. <input type="checkbox"/> NEW FINISHED BLDG. <input type="checkbox"/> INTERIOR FINISH <input type="checkbox"/> INTERIOR REMODEL <input type="checkbox"/> ENLARGE EXISTING BLDG. <input type="checkbox"/> OTHER <input type="checkbox"/> (DESCRIPTION)						
THIS PERMIT INCLUDES THE FOLLOWING: PLUMBING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> HVAC <input type="checkbox"/>						
<input type="checkbox"/> I ACKNOWLEDGE BEING INFORMED OF THE HOME IMPROVEMENT INCENTIVE PROGRAM AND UNDERSTAND THAT THE IMPROVEMENTS AUTHORIZED BY THIS PERMIT MAY QUALIFY FOR SAID PROGRAM.						
DESCRIBE THE SPECIFIC USE OF THIS ADDRESS:						
FLOOR SPACE IN LIVING/BUSINESS AREA _____ SQ. FT.; FLOOR SPACE IN GARAGE OR WAREHOUSE _____ SQ. FT.						
TOTAL ENCLOSED AREA _____ SQ. FT.						
<input type="checkbox"/> TOTAL AREA (SQ. FT.) OF ADDITION AND/OR REMODEL;						
THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION. THIS PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK OR CONSTRUCTION IS NOT COMMENCED, IS SUSPENDED OR ABANDONED AFTER WORK IS COMMENCED, OR IF NO INSPECTIONS ARE OBTAINED WITHIN A 6 MONTH PERIOD. ALL PERMITS REQUIRE FINAL INSPECTIONS. I AGREE TO ABIDE BY ALL LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WHETHER HEREIN SPECIFIED OR NOT AND HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.						
(PLEASE PRINT) APPLICANT'S NAME			COMPANY TITLE			
COMPANY	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #	
APPLICANT'S SIGNATURE:						
CONTRACTOR'S SIGNATURE:						
APPLICANT EMAIL ADDRESS:						

..... OFFICE USE ONLY				
ZONING _____	APPLICATION TYPE _____	CONST TYPE _____	OCCUP. GROUP _____	
# OF APT. UNITS _____	DATE CHECKED _____	CHECKED BY _____	APPLICATION # _____	
B <input type="checkbox"/>	E <input type="checkbox"/>	P <input type="checkbox"/>	HVAC <input type="checkbox"/>	C/O <input type="checkbox"/> SW <input type="checkbox"/> N/C PERMIT <input type="checkbox"/> ACCT # _____
DATE _____	AMOUNT\$ _____	REC.# _____	CASH/CK# _____	BY _____