



501 Green Ave.
Taft, TX 78390

Commercial Building Permit Application

| | |
|--------------------------------------|-------------------------------------|
| Building Permit Number: _____ | Valuation: _____ |
| Project Name: _____ | Square Foot: _____ |
| Project Address: _____ | |
| Project Description: | |
| New <input type="checkbox"/> | Addition <input type="checkbox"/> |
| Sign <input type="checkbox"/> | Remodel <input type="checkbox"/> |
| Plumbing <input type="checkbox"/> | Finishout <input type="checkbox"/> |
| Mechanical <input type="checkbox"/> | Electrical <input type="checkbox"/> |
| | Other <input type="checkbox"/> |
| Scope of Work: _____ | |

| | | |
|---------------------------------|------------------------------|-----------------------------|
| Owner Information: _____ | | |
| Name: _____ | Contact Person: _____ | |
| Address: _____ | | |
| Phone Number: _____ | Fax Number: _____ | Mobile Number: _____ |

| | | | |
|------------------------------|----------------|--------------|---------------------------|
| Engineer | Contact Person | Phone Number | Fax Number |
| | | | |
| Architect | Contact Person | Phone Number | Fax Number |
| | | | |
| General Contractor | Contact Person | Phone Number | Contractor License Number |
| | | | |
| Mechanical Contractor | Contact Person | Phone Number | Contractor License Number |
| | | | |
| Electrical Contractor | Contact Person | Phone Number | Contractor License Number |
| | | | |
| Plumbing Contractor | Contact Person | Phone Number | Contractor License Number |
| | | | |

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

A certificate of occupancy must be issued before any building is occupied.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY:

| | |
|---------------------------|-----------------------------|
| Approved by: _____ | Date approved: _____ |
|---------------------------|-----------------------------|

Permit Fees: _____
Issued Date: _____
Issued By: _____

BV Project # _____



Phone: _____
Fax: _____

Address: _____

Residential Permit Application

| | | | |
|--|---|--|---------------------|
| Building Permit Number: _____ | | Valuation: _____ | |
| Project Address: _____ | | Zoning: _____ | |
| Lot: _____ | Block: _____ | Subdivision: _____ | |
| Project Description: | | | |
| NEW SFR <input type="checkbox"/> | SFR REMODEL/ADDITION <input type="checkbox"/> | SPECIFY OTHER: _____ | |
| PLUMBING <input type="checkbox"/> | MECHANICAL <input type="checkbox"/> | ELECTRICAL <input type="checkbox"/> | |
| FENCE <input type="checkbox"/> | ACCESSORY BUILDING <input type="checkbox"/> | LAWN IRRIGATION <input type="checkbox"/> | |
| Description of Work: | | | |
| Area Square Feet: | | Covered | |
| Living: _____ | Garage: _____ | Porch: _____ | Total: _____ |
| | | Number of stories: _____ | |
| IS THIS PROPERTY IN A FLOODPLAIN: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide Flood Plain Certificate</i> | | | |

| | | | |
|----------------------------|--------------------------|------------------------------|--|
| Owner Information: | | | |
| Name: _____ | | Contact Person: _____ | |
| Address: _____ | | | |
| Phone Number: _____ | Fax Number: _____ | Email: _____ | |

| | | | |
|------------------------------|----------------|--------------|--|
| General Contractor | Contact Person | Phone Number | Contractor License Number <input type="checkbox"/> |
| Mechanical Contractor | Contact Person | Phone Number | Contractor License Number <input type="checkbox"/> |
| Electrical Contractor | Contact Person | Phone Number | Contractor License Number <input type="checkbox"/> |
| Plumber/Irrigator | Contact Person | Phone Number | Contractor License Number <input type="checkbox"/> |
| TPO Energy Provider | Contact Person | Phone Number | Contractor License Number <input type="checkbox"/> |

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Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY:

| | |
|------------------------|--------------------|
| Approved: _____ | Date: _____ |
|------------------------|--------------------|

| | | |
|----------------------------|--------------------------|---------------------------|
| Building Permit Fee: _____ | Meter Deposit Fee: _____ | Total Fees: _____ |
| Plan Review Fee: _____ | | Receipt #: _____ |
| Water Tap Fee: _____ | | Issued Date: _____ |
| Sewer Tap Fee: _____ | | Issued By: _____ |
| | | BV Project # _____ |