



4525 Elementary Dr.
Southmayd, TX 76268
Ph. (903) 868-9420 Fax. (903) 813-1029

Residential Building Permit Application

Building Permit Number:	_____	Valuation:	_____
Project Name:	_____	Square Foot:	_____
Project Address:	_____		
Project Description:	New ____	Addition ____	Remodel ____
	Plumbing ____	Mechanical ____	Electrical ____
Scope of Work:	_____		

Owner Information:			
Name:	_____	Contact Person:	_____
Address:	_____		
Phone:	_____	Email:	_____

Engineer	Contact Person:	Phone Number:	License Number:
Architect	Contact Person:	Phone Number:	License Number:
General Contractor	Contact Person:	Phone Number:	License Number:
Electrical Contractor	Contact Person:	Phone Number:	License Number:
Mechanical Contractor	Contact Person:	Phone Number:	License Number:
Plumbing Contractor	Contact Person:	Phone Number:	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. 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:	_____
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Permit Fees:	_____	BV Project #	_____
Issued Date:	_____		
Issued By:	_____		