Print Form

NO. _____

# APPLICATION FOR RESIDENTIAL BUILDING PERMIT

GRand PRaiRie TEXAS BUILDING INSPECTIONS

PLEASE PRINT OR TYPE – INCOMPLETE APPLICATION WILL NOT BE PROCESSED

| | | | | |
|---|---|---|---|---|
| 1. ADDRESS | | | | |
| 2. LEGAL DESCRIPTION | LOT NO. | BLOCK | ADDITION | COUNTY |
| 3. OWNER | ADDRESS | CITY / STATE / ZIP | PHONE | |
| 4. CONTRACTOR | ADDRESS | CITY / STATE / ZIP | PHONE | |
| 5. ARCHITECT OR DESIGNER | ADDRESS | CITY / STATE / ZIP | PHONE | |

6. A COPY OF THE ASBESTOS SURVEY FOR THE AREA (S) TO BE RENOVATED AND / OR DEMOLISHED WILL BE MADE AVAILABLE UPON REQUEST. THIS SURVEY HAS BEEN DONE IN ACCORDANCE WITH THE TEXAS ASBESTOS HEALTH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSION STANDARD FOR HAZARDOUS AIR POLLUTANTS (NESHAP).

☐ YES ☐ NO ☐ NOT APPLICABLE _____ INITIAL

7. DO YOU PLAN TO USE, STORE OR MANUFACTURE ANY FLAMMABLE, COMBUSTIBLE OR OTHER HAZARDOUS MATERIAL? ☐ YES ☐ NO _____ INITIAL

8. CHECK ALL FEATURES OF THE BUILDING AND/OR PROPERTY: ☐ WATER WELL ☐ SEPTIC SYSTEM ☐ ABOVE / UNDER-GROUND TANK ☐ FIRE SPRINKLER ☐ METAL BLDG.

9. CLASS OF WORK: ☐ NEW ☐ REMODEL ☐ ADDITION ☐ REPAIR ☐ MOVE ☐ DEMOLISH ☐ OTHER

10. PROVIDE SQUARE FOOTAGE OF AREA INVOLVED :

LIVING AREA

FIRST FLOOR _____

SECOND FLOOR _____

GARAGE _____

PORCH / PATIO _____

STORAGE _____

OTHER _____

TOTAL _____

MASONRY PERCENTAGE: _____ %

11. DESCRIBE WORK

_____

_____

_____

_____

12. WORK INCLUDES:

| | | |
|---|---|---|
| ELECTRICAL | ☐ YES | ☐ NO |
| PLUMBING | ☐ YES | ☐ NO |
| MECHANICAL | ☐ YES | ☐ NO |

13. MARKET VALUE OF BUILDING ( Including Property) $_____

VALUATION OF WORK ( Material & Labor) $_____

## CONTACT INFORMATION

PLEASE PROVIDE THE NAME, PHONE & EMAIL ADDRESS OF THE PERSON WHO WILL BE RESPONSIBLE FOR RESPONDING TO CITY INQUIRES CONCERNING THIS PROJECT.

CONTACT PERSON _____
PRINTED NAME

PHONE NUMBER _____
(AREA CODE) NUMBER

E-MAIL ADDRESS _____

| ACCEPTED BY: | APPROVED BY: | ISSUED BY: |
|---|---|---|
| DATE: | DATE: | DATE: |

PERMIT FEE $

## NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

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 HEREIN 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.

I HEREBY FURTHER CERTIFY THAT I AM THE OWNER OF THE PROPERTY DESCRIBED HEREIN OR HAVE THE PERMISSION OF THE OWNER TO APPLY FOR THE PERMIT HEREOF AND THAT NO STRUCTURE OR ROOF OVERHANG WILL ENCROACH INTO ANY EASEMENT ON THIS PROPERTY. IT IS THE OWNER'S AND CONTRACTOR'S RESPONSIBILITY TO KNOW THE LOCATION OF EASEMENTS AND PROPERTY LINES.

NO CHANGE IS TO BE MADE IN THE USE OF THIS BUILDING OR LAND AND NO CONSTRUCTION, ADDITION OR REMODELING OTHER THAN WHICH THIS PERMIT AUTHORIZED SHALL BE MADE WITHOUT FIRST MAKING APPLICATION AND OBTAINING APPROVAL FOR SAID CHANGE.

_____ _____
APPLICANT'S SIGNATURE DATE

* * WOOD SHINGLES ARE NOT ALLOWED EXCEPT FOR CLASS "C" OR BETTER ON SINGLE FAMILY DETACHED HOMES..

SPECIAL CONDITIONS:

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