

## PERMIT APPLICATION

PERMIT NUMBER:			DATE/TIME RECEIVED:							
SITE ADDRESS:					PARCEL NUMBER:					
SUBDIVISION:				LOT/UNIT:						
APPLICANT INFORMATION										
APPLICANT/BUSINESS NAME:			TELEPHONE: O HOME O BUSINESS							
ADDRESS:			E-MAIL: O HOME O BUSINESS							
CITY, STATE, ZIP:			FAX:							
DESCRIPTION OF WORK:										
OWNER INFORMATION										
○ CHECK IF INFORMATION PROVIDED ABOVE IS THE SAME										
NAME:		TELEPHONE: O HOME O BUSINESS								
ADDRESS:			E-MAIL: O HOME O BUSINESS							
CITY, STATE, ZIP:			FAX:							
PROJECT INFORMATION (IF APPLICABLE)										
STATE OF TEXAS PLUMBING L		STATE OF TEXAS <b>ELECTRICIAN</b> LICENSE NUMBER:								
AREA OF A <b>NEW CONSTRUCTION</b> HOME/DWELLING (IN SQUARE FEET):										
1ST STORY:	2ND STORY:	GARAGE:	BARN:		TOTAL AREA:					
PROJECT TOTAL AREA (FOR ALL O		PROJECT CONSTRUCTION VALUE:								
A PLAT OF SURVEY MUST ACCOMPANY ALL PERMIT APPLICATIONS FOR CONSTRUCTION OF ANY NEW STRUCTURE OR ANY ALTERATION TO EXISTING STRUCTURES, INCLUDING DECKS, SWIMMING POOLS, SHEDS, ETC. ROOFING, INTERNAL OR SIDING PROJECTS DO NOT REQUIRE A PLAT.										
<b>TERMS:</b> In consideration of this application and attached forms being made a part hereof, and the issuance of this permit, I/we agree to the following terms: All work performed under said permit shall be in accordance with the plans which accompany this permit application, except for such changes as may be authorized or required by the City Attorney/Building Official; the proposed work is authorized by the owner of record, and that I/we have been authorized by the owner to make the application and/or schedule all necessary inspections as an agent; all work will conform to all applicable codes, laws, and ordinances of the City of Gholson. I/ we as owner of record or authorized agent are responsible to abide by all covenants and association restrictions as may apply to the proposed work associated with this permit. I/WE AGREE TO NOT OCCUPY THE BUILDING UNTIL ALL INSPECTIONS HAVE BEEN PERFORMED AND PERMITS HAVE BEEN ISSUED. This Permit is a public document and all information on it is subject to public review pursuant to the Texas Open Records Act.										
SIGNATURE/AUTHORIZED AGENT:	:		DATE:							
REVIEW CONCLUSIONS (all staff comments on back of application):										
BUILDING CODE COMPLIANCE:		201/50		DATE:						
	O APPKUVED O NOT APPE	○ APPROVED ○ NOT APPROVED								
ZONING CODE COMPLIANCE:		O NOT APPROVED DATE:								
RE-SUBMITTAL:	DATE:	O APPR	OVED O NOT AP	PROVED	DATE/TIME ISSUED:					

STAFF REVIEW (FOR CITY STAFF USE ONLY)												
ZONING REVIEW												
ALL NEW DWELLING UNIT PERMITS												
SUBDIVISION:	ZONING:			BU	BUILDING HEIGHT:							
SETBACKS												
REQUIRED:	FRONT REAR		REAR	1			CORNER					
PROPOSED:	FRONT REAR		REAR	R			CORNER					
LOT COVERAGE	<u> </u>		<u> </u>									
LOT SIZE: ALLOWABLE PERCENT:			E PERCENT:	PROPOSED COVERAG		E: PR	OPOSED PERCENT:					
CALCULATIONS:												
DECK/SHED/POOL/PATIO/OTHER												
O MORE THAN 5 FEET FROM SIDE AND REAR LOT LINES												
	RE THAN 10 FEET FROM THE M			`								
	C LESS THAN 15 FEET IN HEIGHT (MEASUREMENT DEFINED IN SECTION 10-2-3)						NOTES.					
LOT COVERAGE: CALCULATIONS:		iuns:			NOTES:							
BUILDING CODE REVIEW												
RE-SUBMITTAL INFORMATION												