

 City of Jarrell Project Name:

 161 Town Center Blvd.

 Jarrell, Texas 76537 Submittal Date:

 Fax (512) 746-4593

 [www.cityofjarrell.com](http://www.cityofjarrell.com) Application Type:

MASTER APPLICATION FORM

*APPLICATION & CHECKLIST*

**INSTRUCTIONS:**

* Fill out the following application prior to submission. Please include any plans for the project.
* Be sure to indicate which type of application at the top of the page.
* Use the most current application from the City’s website ([www.cityofjarrell.com](http://www.cityofjarrell.com)) or at City Hall.
* City ordinances can be obtained at City Hall or by emailing the City Planner at j.moyer@cityofjarrell.com.
* If there are any questions reach out to the Planning Department at (512)-746-4593.

**TYPE:**

|  |  |  |
| --- | --- | --- |
| **Permits:** | **Subdivision Related:** | **Development Related:** |
| * Plumbing
 | * Administrative Exception
 | * Master Sign Plan
 |
| * Mechanical
 | * Construction Plan
 | * Site Development Plans
 |
| * Electrical
 | * Vacating Plat
 | * Certification of Design Compliance
 |
| * Septic
 | * Construction Plan
 | * Appeal of Administrative Decision
 |
| * Irrigation (Backflow Test will be required)
 |  |  |
| * Pool (Above or In-Ground)
 |  |  |
| * Sign
 |  |  |
| * Demolition
* Temporary Use
* Irrigation
* New Construction
* Remodel
 |  |  |

**CONTACT INFORMATION:**

|  |  |
| --- | --- |
| CONTACT PERSON: | PHONE: |
| ADDRESS: | CELL: |
| CITY: | STATE: | ZIP: | EMAIL: |
| PROPERTY OWNER(S), IF DIFFERENT: | PHONE: |
| ADDRESS: | CELL: |
| CITY: | STATE: | ZIP: | EMAIL: |

**PROJECT INFORMATION:**

|  |  |  |
| --- | --- | --- |
| LOT, BLOCK, OR PARCEL: | ZONING: | SQ. FT.:1ST FLOOR: 2ND FLOOR:GARAGE:OTHER: |
| CONTRACTOR/INSPECTOR/LICENSE NUMBER (please list all included in the project and indicate their profession i.e. Plumbing, Electrical,): |
| IRRIGATION/GAS SERVICE PROVIDER: |

**SIGN APPLICATION:**

|  |  |  |
| --- | --- | --- |
| CITY LIMITS OR ETJ? | TEMPORARY OR PERMENANT? | ON OR OFF PREMISE SIGN? |
| SIGN TYPE: FREESTANDING BUILDING MICELLANEOUS |
| INCLUDE THE FOLLOWING:* Attach a description of the sign (to include number of signs, dimensions: height, base, square footage of sign face, pole structure, total area square footage, lighting, etc.).
* Attach a plat showing where sign will be located.
* Ensure the sign meets or exceeds the 2000 International Building Codes for wind load, Chapter 16, Section 1609.
 |
| COMPANY INSTALLING THE SIGN: | CONTACT INFORMATION: |

**APPROVAL PROCESS:**

Once the application has been determined complete, the City Planner or designee will review the application for technical compliance with the code. Please allow SEVEN business days for processing. The application is approved upon notification from City Hall. The permit process will not be finalized and, if needed, the Certificate of Occupancy forms will not be issued until all permit fees, reinspection fees, and utility billing amounts are paid in full. Any permits become null and void if work or construction authorized is not commenced within 180 days.

**FEE CALCULATION:**

|  |  |
| --- | --- |
| Filing Fee: |  $ 65.00 |
| **Fees Based on Application Type:\***\*Please be advised that a break down of fees will be provided on a separate document. |  $  |
| ***Staff Use Only:*** Check No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Check No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
| **TOTAL FEE**: | **$**  |

Due at the Time of Application Submission

*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 any other Federal, State or local law regulating construction or the performance of construction.*

 *Signature Name (printed) Date*

***Do not write below - Staff Use Only***

**Reviewed by: Date:**

**Application Approved:** [ ]  Yes [ ]  No

**If no, reason for disapproval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Staff Notes:**