



THE CITY OF
JARRELL

161 Town Center Blvd. Jarrell, TX 76537
Office: (512)746-4593 Fax: (512)746-2052

Project Name: _____

Submittal Date: _____

Application Type: _____

MASTER APPLICATION
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) or at City Hall.
- ✦ City ordinances can be obtained at City Hall or by emailing the City Planner at planner@cityofjarrell.com.
- ✦ If there are any questions reach out to the Planning Department at (512) 746-4593.

PROJECT TYPE:

Permits:	Subdivision Related:	Development Related:
<input type="radio"/> Plumbing	<input type="radio"/> Administrative Exception	<input type="radio"/> Master Sign Plan
<input type="radio"/> Mechanical	<input type="radio"/> Construction Plan	<input type="radio"/> Site Development Plans
<input type="radio"/> Electrical	<input type="radio"/> Vacating Plan	<input type="radio"/> Certification of Design Compliance
<input type="radio"/> Irrigation (Backflow Test will be required)		<input type="radio"/> Appeal of Administrative Decision
<input type="radio"/> Pool (Above or In-ground)		
<input type="radio"/> Sign		
<input type="radio"/> Demolition		
<input type="radio"/> Temporary Use		
<input type="radio"/> New Construction		
<input type="radio"/> Remodel		
<input type="radio"/> Miscellaneous		

CONTACT INFORMATION:

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



Master Application

PROJECT INFORMATION:

LOT, BLOCK, OR PARCEL:	ZONING:	SQ FT: 1 st FLOOR: 2 nd FLOOR: GARAGE: OTHER:
CONTRACTOR/INSPECTOR/LICENCE NUMBER (please list all included in the project and indicate their profession i.e. Plumber, Electrician):		
IRRIGATION/GAS SERVICE PROVIDER:		

SIGN APPLICATION:

CITY LIMITS OR ETJ?	TEMPORARY OR PERMANENT?	ON OR OFF PREMISE SIGN?
SIGN TYPE: <input type="radio"/> FREE STANDING <input type="radio"/> BUILDING <input type="radio"/> MISCELLANEOUS		
INCLUDE THE FOLLOWING: <ul style="list-style-type: none">○ 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 SIGN:	CONTACT INFORMATION:	



Master Application

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 breakdown of fees will be provided on a separate document

TOTAL FEES: \$ _____

Staff Use ONLY: Check #: _____ Additional Check #: _____

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: _____

Staff Notes:

