



P.O. Box 369 (Mail)  
303 E. Pecan Dr. (Physical)  
Johnson City, TX 78636  
830.868.7111 (Phone)  
830.868.7718 (Fax)

Application Date: \_\_\_\_\_

# PERMIT APPLICATION FOR FOUNDATION REPAIR

Job Address: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_

Owner of Property Mail Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contractor's Mail Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

General Contractor's Email Address: \_\_\_\_\_

NOTE: PLEASE ATTACH A COPY OF YOUR FOUNDATION CONTRACTOR'S LICENSE AND CERTIFICATE OF INSURANCE.

Scope of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Construction: \_\_\_\_\_

Existing Single Family Residence: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Construction Valuation (if commercial): \$ \_\_\_\_\_

NOTICE: 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.

Signature of Contractor or Authorized Agent

Printed Name

Date

Office Use Only: