

Permit Application

Job Address:		Date:	Residential:	
Property Subdivision/Abstract:		Property Platted? Yes No	Commercial:	
Permit Type: New Residence <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Solar <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Irrigation <input type="checkbox"/> Fence <input type="checkbox"/> Patio Cover/Carport <input type="checkbox"/> Finish Out <input type="checkbox"/> Roof <input type="checkbox"/> Demolition <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Flatwork <input type="checkbox"/> Deck <input type="checkbox"/> Accessory (specify): _____ Other: _____ Total Electrical <input type="checkbox"/> Electric & Gas <input type="checkbox"/> Propane <input type="checkbox"/>		Permit #: _____	<u>SETBACKS</u> Front: _____ Rear: _____ Left Side: _____ Right Side: _____	
Building Sq. Footage: Living: _____ Garage: _____ Covered Porch: _____ Total: _____ Number of Stories: _____				
Owner:				
Address:		Phone:		
E-Mail Address:				
<i>Complete Applicant Information Below</i>			Registered with City?	
General Contractor/ Builder (Company/Name):		TRCC No.:	License. No:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address: E-Mail Address:		Mobile:	Phone:	Exp. Date:
Electrical (Company/Name):		License. No:	Reg. No:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address: E-Mail Address:		Mobile:	Phone:	Exp. Date:
Mechanical (Company/Name):		License. No:	Reg. No:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address: E-Mail Address:		Mobile:	Phone:	Exp. Date:
Plumbing (Company/Name):		License. No:	Reg. No:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address: E-Mail Address:		Mobile:	Phone:	Exp. Date:
Irrigation (Company/Name):		License. No:	Reg. No:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address: E-Mail Address:		Mobile:	Phone:	Exp. Date:

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NOTICE	PERMIT FEES ALL FEES DUE UPON SUBMITAL <i>FOR OFFICE USE ONLY</i>
<p>This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits are valid for one year.</p> <p>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.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Applicant's Signature Date </p> <p>_____</p> <p>Printed Name</p> <ul style="list-style-type: none"> Copy of plans must be submitted with all permits. Please allow two to three days for approval Inspections are required <p style="text-align: center;">INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.</p>	<p>Building \$ _____</p> <p>Plan Review \$ _____</p> <p>Transportation Impact \$ _____</p> <p>TOTAL: \$ _____</p> <p><u>Transportation Impact Fees</u></p> <p>Single Family: \$2828.79/Dwelling Multi Family: \$1994.10/Dwelling Retail: \$10283.78/1000 SQFT Basic: \$474.01/1000 SQFT Service: \$2653.35/1000 SQFT</p>
<p>City Comments:</p> <div style="text-align: right; margin-top: 100px;">Comments on Plans: <input type="checkbox"/>Yes <input type="checkbox"/>No</div>	
<p>Development Plans Reviewed and Approved by the City Engineer <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>City Approval by: _____ Date: _____</p>	