



409 E. First Street, Prosper, TX 75078
Phone 972-346-3502

Residential Permit Application

Permit #: _____

General:	<input type="checkbox"/> Registered	<input type="checkbox"/> Not Registered
Electrical:	<input type="checkbox"/> Registered	<input type="checkbox"/> Not Registered
Mechanical:	<input type="checkbox"/> Registered	<input type="checkbox"/> Not Registered
Plumbing:	<input type="checkbox"/> Registered	<input type="checkbox"/> Not Registered
Fence:	<input type="checkbox"/> Registered	<input type="checkbox"/> Not Registered

Incomplete application and/or submittal will delay the review process.

Two (2) full sets of plans, one (1) set being no larger than 11" X 17" in size are required to be submitted with application.

Scope of work: _____

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demolition
<input type="checkbox"/> Townhome/Condo	<input type="checkbox"/> Duplex	<input type="checkbox"/> Model Home	<input type="checkbox"/> Other: _____

Job Address: _____

Legal Description: Lot: _____ Block: _____ Subdivision: _____ Phase: _____

Property Owner Name _____

Address _____

General Contractor _____ E-mail _____

Electrical Contractor _____ E-mail _____

Mechanical Contractor _____ E-mail _____

Plumbing Contractor _____ E-mail _____

Fence Contractor *(new homes only)* _____ E-mail _____

Estimated Value: _____ Lot Size: _____ Plan #: _____ Total Area: _____

Dwellings: _____ # Bedrooms: _____ # Bathrooms: _____ Zoning: _____

Water Available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sewer Available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Flood Prone Area:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drainage/Utility Easements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electrical Provider:	<input type="checkbox"/> GCEC	<input type="checkbox"/> CoServ	<input type="checkbox"/> TXU	Gas Provider:	<input type="checkbox"/> CoServ	<input type="checkbox"/> Atmos

Fire Suppression System is required if **ANY** of the below apply: Yes No

- | | |
|---|--|
| 1) Exceeds three (3) stories in height | # Stories: _____ |
| 2) Area of A/C Space exceeds 5,500 square feet | Area of A/C Space: _____ |
| 3) Overall Height of Building exceeds thirty-five (35) feet | Overall Height of Building (ft): _____ |

Fence Information *(only for new homes)*: Height: _____ Material: Wood Wrought Iron

I hereby certify that I have the authority to make the necessary application and that all information provided on this application is correct to the best of my knowledge. The project described herein will be built in accordance with the plans and specifications submitted at time of application. All work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances and regulations. **The Town will not assume responsibility for workability of sanitary sewer on all lots.**

Applicant's Printed Name _____

Applicant's Signature _____

Date _____