



Residential Permit Application

Permit #:					
General:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R	Fence:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R
Electrical:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R	Irrigation:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R
Mechanical:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R	Backflow:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R
Plumbing:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R			

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 _____

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

Backflow Tester *(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 <u>ANY</u> of the below apply:		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <i>(only for new homes)</i> :	Height: _____	Material:	<input type="checkbox"/> Wood <input type="checkbox"/> Wrought Iron
Irrigation Information <i>(only for new homes)</i> :	Type of Assembly:	<input type="checkbox"/> Double Check	<input type="checkbox"/> Reduced Pressure

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 _____