



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.
Please email all applications to permits@prospertx.gov

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	Gas Provider:	<input type="checkbox"/> CoServ	<input type="checkbox"/> Atmos

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

- | | |
|---|--|
| 1) Three (3) stories or greater in height | # Stories: _____ |
| 2) Area of A/C Space equals 5,500 square feet or greater | 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

Irrigation Information *(only for new homes)*: Type of Assembly: Double Check 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 _____