



Phone Number: (281) 689-3197
 Fax Number: (281) 689-3249

26090 FM 2090 East
 Splendor, Texas 77372

Residential Building Permit Application

Building Permit Number: _____		Valuation: _____	
Project Address: _____		Zoning: _____	
Lot: _____	Block: _____	Subdivision: _____	
Project Description:	NEW SFR <input type="checkbox"/>	SFR REMODEL/ADDITION <input type="checkbox"/>	SPECIFY OTHER: _____
	PLUMBING <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>
FENCE <input type="checkbox"/>	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	SWIMMING POOL <input type="checkbox"/>
Description of Work:			
Area Square Feet:		Covered	
Living: _____	Garage: _____	Porch: _____	Total: _____
			Number of stories: _____

Owner Information:		
Name: _____	Contact Person: _____	
Address: _____		
Phone Number: _____	Fax Number: _____	Mobile Number: _____

General Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Electrical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Plumber/Irrigator	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. Separate permits are required for electrical, plumbing, and heating/air condition. All permits require final inspection.

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 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 Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by: _____	Date approved: _____
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Building Permit Fee: _____
 Plan Review Fee: _____
 Water Tap Fee: _____
 Sewer Tap Fee: _____
 Utility Inspection Feet: _____

Total Fees: _____
 Issued Date: _____
 Issued By: _____

BV Project # _____