

Planning and Development
301 16th St. Canyon, Texas 79015
Office: 806-655-5014 opt 6 / Inspection Hot Line: 806-655-5034

Building Permit Application

Applicant must complete entire application

RESIDENTIAL

COMMERCIAL

PROJECT INFORMATION

PROJECT NAME: _____

ADDRESS: _____

LOT: _____

BLOCK: _____

ADDITION: _____

CURRENT ZONING: _____

PROPERTY OWNER

NAME: _____

PHONE: _____

MOBILE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

EMAIL ADDRESS: _____

ARCHITECT / ENGINEER

NAME/FIRM: _____

PHONE: _____

MOBILE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

EMAIL ADDRESS: _____

CONTRACTOR

NAME: _____

PHONE: _____

MOBILE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

EMAIL ADDRESS: _____

DO YOU AUTHORIZE RELEASE OF CONTRACTOR CONTACT INFO:

YES NO

ELECTRICAL CONTRACTOR: _____

PHONE/MOBILE: _____

MECHANICAL CONTRACTOR: _____

PHONE/MOBILE: _____

PLUMBING CONTRACTOR: _____

PHONE/MOBILE: _____

TYPE OF IMPROVEMENT

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> ACCESSORY BLDG.
<input type="checkbox"/> CARPORT	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> HOUSE MOVE	<input type="checkbox"/> DEMOLITION
<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> CERTIFICATE of OCCUPANCY	

1ST FLOOR SQUARE FOOTAGE _____
OTHER SQUARE FOOTAGE _____

2ND FLOOR SQUARE FOOTAGE _____
GAS: YES NO

RESIDENTIAL DETAILS

<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> MULTI-FAMILY (Number of Units _____)
<input type="checkbox"/> MANUFACTURED HOME	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> DETACHED GARAGE
_____ NUMBER of BEDROOMS	_____ NUMBER of BATHROOMS	_____ NUMBER of STORIES
_____ FIREPLACE TYPE	_____ MASONRY	<input type="checkbox"/> INSERT
<input type="checkbox"/> SLAB on GRADE	<input type="checkbox"/> PIER and BEAM	<input type="checkbox"/> BASEMENT
TYPE OF INSULATION:		
<input type="checkbox"/> BATT	<input type="checkbox"/> SPRAY FOAM	<input type="checkbox"/> BLOWN IN

COMMERCIAL DETAILS

COST of CONSTRUCTION: _____
T.A.S. REGISTRATION NUMBER: _____
ASBESTOS SURVEY DATE: _____

DETAILED DESCRIPTION OF PROJECT:

CERTIFICATION

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law 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 the provisions of any other state or local law regulating construction or the performance of construction.

SIGNATURE of APPLICANT: _____ **DATE:** _____
PRINTED NAME: _____ **PHONE:** _____
ADDRESS: _____ **EMAIL:** _____