

RESIDENTIAL PERMIT APPLICATION

REV. 3/25



P.O. BOX 220 McALLEN, TEXAS 78505-0220

(Please type or print in black or blue ink)

PERMIT NO. _____

GC NUMBER _____

APPLICANT

NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

CONTACT: NAME: _____ PHONE _____

OWNER CONTRACTOR TENANT OTHER _____

OWNER

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER CONTRACTOR TENANT OTHER _____

NEW ADDITION REMODELING REPAIR MOVE REMOVE _____ BLDG. HGT. _____ NO. OF FLOORS

NEW BLDG SQ. FT. _____ IMPROVEMENT AREA SQ. FT. _____ SQ. FT. LOT _____ LOT FRONT _____ NO. PARKING SPACES _____ FLOOR ELV ABOVE CURB _____

EXISTING USE OF LOT _____ NEW USE _____

SCOPE OF WORK TO BE DONE _____

PROJECT

TRADE WORK TO BE DONE ELECTRICAL MECHANICAL PLUMBING STRUCTURE BUILT BEFORE 1978 YES NO

FOR RESIDENTIAL USE ONLY NO. OF UNITS _____ NO BDRMS _____ NO BATHRMS _____ SQ. FT. NON-LIVING _____ SQ. FT. LIVING _____

FOUNDATION <input type="checkbox"/> CONCRETE SLAB <input type="checkbox"/> CONCRETE PIER <input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> CONCRETE BEAM <input type="checkbox"/> WOOD POSTS <input type="checkbox"/> OTHER <input type="checkbox"/> _____	EXT WALL <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> MASONRY SOLID <input type="checkbox"/> METAL SIDING <input type="checkbox"/> COMPOSITION <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER <input type="checkbox"/> _____	ROOF <input type="checkbox"/> WOOD SHINGLE <input type="checkbox"/> COMPOSITION <input type="checkbox"/> METAL <input type="checkbox"/> BUILD UP <input type="checkbox"/> CEMENT <input type="checkbox"/> OTHER <input type="checkbox"/> _____	SPECIAL CONDITIONS <input type="checkbox"/> ENGINEER FOUNDATION <input type="checkbox"/> TENANT SEPARATION <input type="checkbox"/> UL DESIGN <input type="checkbox"/> HERS RATER <input type="checkbox"/> IMAGINE TOMORROW PROGRAM <input type="checkbox"/> DAYCARE USE <input type="checkbox"/> _____
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LEGAL DESCRIPTION REQUIRED:

LOT _____ BLOCK _____ SUBDIVISION _____

SITE/PROJECT ADDRESS: STREET ADDRESS _____ STREET NAME _____ STE/UNIT NO. _____

CITY USE ONLY

ZONING _____ **PARK ZONE#** PLAN REVIEW FEE \$ _____ PERMIT FEE \$ _____ REC'D BY _____

CONSTRUCTION COST: _____ PARK FEE \$ _____ DOUBLE FEE \$ _____ DATE _____

\$ _____ TOTAL FEE DUE \$ _____ TIME _____

The foregoing is a true and correct description of the improvement proposed by the undersigned applicant and the applicant states that he will have full authority over construction of same. The building permit shall not be held to permit or be an approval of the violation or modification of any provisions of City ordinances, codes, subdivision restrictions of State law or be a waiver by the City of such violation. Alteration changes or deviations from the plans authorized by this permit is unlawful without written authorization from the Building Inspection Department. The applicant hereby agrees to comply with all City ordinances, codes, subdivision, restrictions and State laws and assume all responsibility for such compliance. **It is understood that the improvements shall not be occupied until a Certificate of Occupancy has been issued.** Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance or if the work authorized by such permit is suspended or abandoned for six months after the time of work is commenced. This permit is good for one year only.

PRINT (AUTHORIZED AGENT/OWNER) _____ SIGNATURE _____ DATE _____