



# Residential Miscellaneous Permit

<b>Office Use Only:</b>
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved by: _____
Date: _____

## Application & Checklist

Please fill out this form completely, supplying all necessary information and documentation to support your request. Your application will not be processed until the application is completed and required documentation provided.

### CONTRACTOR INFORMATION:

Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

State Contractor's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PROPERTY INFORMATION:

Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Zoning:  A-1  R-1  R-2  R-3  R-4  R-ZL  RE  RO

### PERMIT INFORMATION:

**1. \*Remodel or Addition:** \* If addition, must submit a site plan showing required setbacks and easements.

- Description of Work: \_\_\_\_\_
- Dimensions: \_\_\_\_\_ x \_\_\_\_\_ **Total Square Ft:** \_\_\_\_\_ **Contract Price:** \_\_\_\_\_
- Will this project require... (check all that apply):  Electrical  Plumbing  Mechanical/HVAC

**NOTICE:** If this structure was built prior to 1978 contact: Region 6 EPA Lead Line at 214-665-7577 or [www.epa.gov/lead](http://www.epa.gov/lead) for information.

**2. \*Swimming Pool:** Dimensions: \_\_\_\_\_ x \_\_\_\_\_ **Total Square Ft:** \_\_\_\_\_ **Contract Price:** \_\_\_\_\_

\* Must submit a site plan showing required setbacks and easements. Electric/Plumbing permits must be purchased separately.

**3. \*Storm Shelter:** Dimensions: \_\_\_\_\_ x \_\_\_\_\_ **Total Square Ft:** \_\_\_\_\_ **Contract Price:** \_\_\_\_\_

\* If located outside the primary structure, must submit a site plan showing required setbacks and easements

**4. Other:** \_\_\_\_\_ **Total Square Ft:** \_\_\_\_\_ **Contract Price:** \_\_\_\_\_

**A PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED.**

I hereby certify that I have read and examined this document 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 herein or not. I understand granting of a permit does not presume to give authority to violate or cancel the provisions or any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_ Date \_\_\_\_\_

(SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT)