

## **BUILDING PERMIT APPLICATION**

Fill out all applicable fields. Incomplete applications cannot be processed.									Grey Boxes for Office Use Only			
Project Address:							Perm	Permit No.:				
1 Toject Addi		Freeport,	TX 775	541					Date	Issued:		
Legal Description:	Lot	t:	Block:		Section:		Sı	ubdivisior	n:			
Type of Work:		NEW [	]		ADDITION	□ ALT	ER/	REPAIR			SIGN	
(Check Box)		MOVE [	]	DE	MOLITION			OTHER	: <u> </u>			
Description of Job:								Total Project Area: (S.F.)				
								Estim	ated Project	Cost:		
Living Area Sq Ft.		Garage Sq Ft		Po	orch/Patio Sq Ft		L	Lot Size Sq I	Ft.	Total St	ructure Sq F	t
Building Height		Building Width			Building Length			# Bathroor	ns		# Bedrooms	j
# of Stories		Foundation Type			Roof Type			Floor Ty	ре	1	Exterior Type	ļ
Zoning:						Setbacks-Front:			Rear:		Sides:	
Building Use:							R	Required (	Off Street Park	ing Spot	s:	
Building Information	1:	To	tal Area:			Flood Zone:		•	Base Flood E			
	Occupant Load:						Finish	ed Floor:				
	Type of C	Construction (IB	C Ch 5):						Lowest Adjacer	nt Grade:		
		Fire Sprinkler	System:	Yes	□ No				Elevatio	n Cert:	□ Yes	□ No
		Fire Alarm	System:	Yes	□ No				V-Zor	ne Cert:	□ Yes	□ No
Owner:						General Con	tract	tor:				
Street:						Street:						
City, State, Zip:						City, State, Zip:						
Phone No.:						Phone No.:						
E-Mail:						E-Mail:						
NOTE: Separate permits or construction is suspend accompanied by suitable of work will lead to the doubli	ed or aband letailed draw ing of permit	oned for a period ovings and 2 sets of fees.	of 6 months a f plans for app	at any time proval. Fa	e after work is c ailure to obtain a	ommenced. This appl a permit prior to comm	lication	to be	NOTICE: I HEREBY CERT PROVISIONS OF LAWS A COMPLIED WITH, WHETH NOT PRESUME TO GIVE. ANY OTHER STATE OR LI PERFORMANCE OF CON	ND ORDINANCES ( HER SPECIFIED OF AUTHORITY TO VI OCAL LAW REGUL	GOVERNING THE TY R NOT. THE GRANTIN OLATE OR CANCEL T	PE OF WORK WILL BE IG OF A PERMIT DOES THE PROVISIONS OF
Additional Requ	ired Ap	provals:	Zoning [	□ н	lealth Dept □	Fire Marsl	hal 🗆	]				
Additional Comments:								Signature of Applicant  Circle One Contractor- Owner- Agent -Tenant				
									Circle One Printed Name:	Contractor	- Owner- Age	ent -Tenant
									Phone No.:			
									E-Mail:			
									TE-IVIGII.			
									Approved by:			
									Date:			
									Р	ermit Fee		
										eview Fee		
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										TAL FEE		
									Rec'd By:		Date:	