

120 El Chico Trail, Suite A, Willow Park, Texas 76087

RESIDENTIAL ACCESSORY BUILDING PERMIT APPLICATION

□ Carport □ Garage □ Shed □ Deck □ Porch □ Pergola/Cabana □ Other _____ *Please Print Clearly*

| Job Address: | | | | | |
|---------------------------------------|---------------|------------------|--------------|--|--|
| Legal Description: Lot No | Block No Trac | t/Subdivision: _ | Zoning Dist. | | |
| Building Contractor: | | | | | |
| Contractor Business Name: Address: | | | | | |
| City: Email: | State: | Zip: | Phone: () | | |

Square Feet of Proposed Structure: SQ FT: _____

PLEASE COMPLETE AND SUBMIT THE FOLLOWING:

NITIAL EACH SECTION TO SHOW PROVIDED

| Office | Applicant | |
|--------|-----------|---|
| | | All drawings must be on (min. $11''x17''$) (appropriately scaled to fit sheet – min $1/8'' = 1'$ scale). |
| | | (2) Copies site plan/survey? (Indicate distance between main residence/structures and property lines. |
| | | (2) Copies of construction details (If stick built provide detailed framing drawings) or (Engineer's stamped framing, foundation plans and details, if steel framed building) |
| | | (2) Copies of foundation/pier/footing and/or tie-down anchorage requirements. |
| | | (2) Copies of electrical layout if being installed. |
| | | (2) Copies of plumbing layout if being installed. |
| | | All paper documents above must be separated into two (2) complete submittals All construction plans must be separated into complete sets, clipped or stapled. |
| | | Provide completed contractor acknowledgement for any electrical, mechanical or plumbing installation. |

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of Laws 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 State of Local Law regulating construction or the performance of construction.



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CONTRACTOR ACKNOWLEGEMENTS

ONLY individual contractors **MUST COMPLETE AND SIGN** this form. If your State License or COI (Certificate of Insurance) is expired the permit you are working will be invalid and will not be issued or may be cancelled by the Building Official.

Construction Address: _____

Building Contractor:

| MASTER ELECTRICIAN'S STATEMENT: | | | | | | | |
|--|-----------------------------|---------------|-----------------------------------|------------------------------|--|--|--|
| I,, for the construction at the above stated address. | | , do acknowle | vill be doing the electrical work | | | | |
| (Date) | (Master Signature) | License # | / Exp. Date | /Cert. of Insurance exp date | | | |
| (Company name | e, address, & phone number) | | | | | | |

| MASTER PLUMBER'S STATEMENT: | | | | | | | |
|---|--|--|--|--|--|--|--|
| I, for the construction at the above stated address. | , do acknowledge that I <i>will be doing the plumbing work</i> | | | | | | |
| (Date) (Master Signature) | // License # Exp. Date Cert. of Insurance exp date | | | | | | |
| (Company name, address, & phone number) | | | | | | | |

| MECHANICAL/HVAC STATEMENT: | | | | | | |
|----------------------------|-----------|--------------------------------|------------------|-------------|---------|-----|
| I, | | acknowledge e stated addres | | will b | e doing | the |
| (Date) (Master Signature) | License # | / Exp. Date | / Cert. of In | surance exp | date | |

(Company name, address, & phone number)