



DATE OF ISSUANCE: _____

PERMIT #: _____

BUILDING PERMIT APPLICATION

(PLEASE PRINT LEGIBLY – COMPLETE ENTIRE FORM)

JOB ADDRESS: _____ SUITE # _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

BUILDING CONTRACTOR (company name): _____

CURRENT MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PH: # _____ Fax # _____

PROPERTY OWNER: _____

CURRENT MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: _____

PROJECT VALUE: \$ _____ FIRE SPRINKLERED? YES _____ NO _____

WHAT TRADES WILL BE NEEDED? (Check ones that apply) ELECTRIC _____ PLUMBING _____ MECHANICAL _____

DESCRIPTION OF WORK TO BE DONE: _____

USE OF BUILDING OR STRUCTURE: _____

NAME OF BUSINESS: _____

Total Square Footage under roof: _____ Square Footage of alteration/addition: _____

- I hereby certify that plans have been reviewed and the building will be inspected by a certified energy code inspector in accordance with State Law. Plan review and inspection documentation shall be made available to the Building Department (required for new buildings, alterations and additions)
- I hereby certify that plans have been submitted to the Texas Department of Licensing and Regulation for Accessibility Review. Control Number: _____ (Not required for 1 & 2 family dwellings)
- I hereby certify that an asbestos survey has been conducted for this structure in accordance with the regulatory requirements of the Texas Department of Health.
(REQUIRED FOR DEMOLITIONS, ADDITIONS AND OR ALTERATION TO COMMERCIAL AND PUBLIC BUILDINGS)

I hereby certify that the foregoing is correct to the best of my knowledge and all work will be performed according to the documents approved by the Building Department and in compliance with the City Of Grapevine Ordinance regulating construction. It is understood that the issuance of this permit does not grant or authorize any violation of any code or ordinance of the City Of Grapevine. I FURTHERMORE UNDERSTAND THAT PLANS AND SPECIFICATIONS ARE NOT REVIEWED FOR HANDICAPPED ACCESSIBILITY BY THE CITY, AND THAT THE DESIGN PROFESSIONAL/OWNER IS RESPONSIBLE FOR OBTAINING SUCH APPROVAL FROM THE APPROPRIATE STATE AND OR FEDERAL AGENCY(S).

PRINT NAME: _____ SIGNATURE _____

PHONE #: _____ EMAIL: _____

CHECK BOX IF PREFERRED TO BE CONTACTED BY E-MAIL

THE FOLLOWING IS TO BE COMPLETED BY THE BUILDING INSPECTION DEPARTMENT

Construction Type:	Permit Valuation: \$	Setbacks	Approval to Issue
Occupancy Group:	Fire Sprinkler: YES _____ NO _____	Front:	Electrical
Division:	Building Depth:	Left:	Plumbing
Zoning:	Building Width:	Rear:	Mechanical
Occupancy Load:		Right:	
Plan Review Approval:	Date:	Building Permit Fee:	
Site Plan Approval:	Date:	Plan Review Fee:	
Fire Department:	Date:	Lot Drainage Fee:	
Public Works Department:	Date:	Sewer Availability Rate:	
Health Department:	Date:	Water Availability Rate:	
Approved for Permit:	Date:	Total Fees:	
Lot Drainage Submitted:	Approved:	Total Amount Due:	