

BUILDING PERMIT APPLICATION

PRICE MAY CHANGE AFTER INSPECTION



Phone Number: (903) 537-2252

Fax Number: (903) 537-2634

109 North Kaufman Street

Mount Vernon, TX 75457

Residential

Commercial

Building Permit Number: _____		Valuation: _____
Project Address: _____		Zoning: _____
Lot: _____	Block: _____	Subdivision: _____
Project Description:	<input type="checkbox"/> NEW SFR	<input type="checkbox"/> SFR REMODEL/ADDITION
	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL
	<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> LAWN IRRIGATION
		<input type="checkbox"/> FENCE
		<input type="checkbox"/> ELECTRICAL
		<input type="checkbox"/> SWIMMING POOL
SPECIFY OTHER: _____		
Description of Work: _____		
Area Square Feet:	Covered	Number of
Living: _____	Garage: _____	Porch: _____
	Total: _____	Stories: _____

OWNER INFORMATION Name: _____
Address: _____, Mount Vernon, TX 75457
Home #: _____ Mobile #: _____ Fax #: _____

General Contractor	Contact Person	Phone Number	Contractor License Number
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number
Electrical Contractor	Contact Person	Phone Number	Contractor License Number
Plumber/Irrigator	Contact Person	Phone Number	Contractor License Number

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. Separate permits are required for electrical, plumbing, and heating/air condition. All permits require final inspection.

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

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by Inspector: _____	Date: _____ <input type="checkbox"/> Denied <input type="checkbox"/> Approved
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Building Permit Fee: _____
 Plan Review Fee: _____
 Water Connection Fee: _____
 Sewer Connection Fee: _____
 Meter Cost: _____

Fees: _____
 Date: _____
 By: _____

BV Project #: _____