BUILDING PERMIT

☐ Electrical
☐ Plumbing
☐ Inspection Required
☐ N/A

Jurisdicition of : Hubbard (City of Hubbard)

Applicant to complete numbered spaces only

Job Address					
1 Legal Description	Lot No.	BLK	Tract		☐ See Attached Sheet
2 Owner		Mail Address		Zip	Phone
3 Contractor		Mail Address		Phone	Registration No.
4 Architect or Designer		Mail Address		Phone	Registration No.
5 Engineer		Mail Address		Phone	Registration No.
6 Lender		Mail Address			Branch
7 Use of Building					

8 **Class of Work:** ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Move ☐ Remove

9 **Describe Work:**

10 **Valuation of Work:** $

Special Conditions:

Application Accepted By:	Plans Checked By:	Approved for Issuance By:

PLAN CHECK FEE	PERMIT FEE	INSPECTION FEE

Type of Const.	Occupancy group	Division
Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load
Fire Zone	Use Zone	Fire Sprinklers Required ☐ Yes ☐ NO
No. of Dwelling Units	Offstreet Parking Spaces: Covered	Uncovered

Special Approvals	Required	Received	Not Required
Zoning			
Health Dept.			
Fire Dept.			
Soil Report			
Other (Specify)			

NOTICE

THIS 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 WORK IS COMMENCED.

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 HEREIN 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 Contractor or Authorized Agent — Date

Signature of Owner (If Owner Builder) — Date

When Properly Validated (In This Space) This Is Your Permit

Plan Check Validation	CK. #	M.O.	CASH
Permit Validation	CK. #	M.O.	CASH
Inspection Fee Paid	CK. #	M.O.	CASH

City of Hubbard

Service Address: _____ LOT: _____ BLK: _____

Owners Name: _____ Phone: _____

Mailing Address: _____ Email: _____

General Contractor: _____ Phone: _____

Address: _____ City: _____ State: _____

License #: _____ Email: _____

Plumbing Contractor: _____ Phone: _____

Address: _____ City: _____ State: _____

License #: _____ Email: _____

Electrical Contractor: _____ Phone: _____

Address: _____ City: _____ State: _____

License #: _____ Email: _____

HVAC Contractor: _____ Phone: _____

Address: _____ City: _____ State: _____

License #: _____ Email: _____

Building Permit Use:

New _____ Addition _____ Alteration _____ Repair _____ Move _____ Remove _____

Square Feet:

New: _____ Addition: _____

Valuation of Work: $_____

Describe Work: _____

Signature: _____ Date: _____