



City of Humble

R-100

Residential Permit Application

114 W. Higgins St. Humble, TX 77338 Phone: 281-446-6228

Project Address:		Permit No. :	
	Master Permit No:	Date:	
Estimated Cost of Construction : \$		Fee Due: \$	
		CRF's Due: \$	

Describe work to be done:		Permit Cost:	
		Plan Review/Inv#:	
		Fees round up each fraction of \$100/trades or \$1,000/building	
Recording Instrument#:		Final Amount Due :	
Lot:	Block:	Subdivision:	Section:

Type of permit:	BUILDING ☐	MECHANICAL ☐	ELECTRICAL ☐	(One Application per Permit Type)
	PLUMBING ☐	SIGN ☐	OTHER ☐	

Owner: Required	Contractor Info(Building) Trade Info (All others)
Street:	Street:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
E-Mail:	E-Mail:

SUB-CONTRACTORS:	Company Name	Master's Name	License #
Electrical:			
Plumbing:			
Mechanical:			

Building/Sign Information:	Total Area SF:		Flood Zone:	Base Flood Elevation :	
	Front Set-Back:			Finished Floor:	
	Rear Set-Back:			Lowest Adjacent Grade:	
	Left/Right Set-Back:		Elevation Cert. (if in SFHA) ☐	No Rise Cert. ☐	

Provided Documents:	Submit Two Copies of Each That Apply	Engineering Plans ☐
Survey ☐	Plot Plan ☐	Energy Cert. ☐
Manual-J Calcs. ☐	Mechanical Layout ☐	Electric Load Anly. ☐
Plumbing Riser ☐	Gas Riser ☐	Architectural Plans ☐
☐	CD/Flash Drive ☐	
Required if property is being cleared for your address:		
SWPPP Plan ☐		

NOTICE: 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 THE 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.

I HEREBY IRREVOCABLY AUTHORIZE THE CITY OF HUMBLE, ACTING THROUGH ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, TO ENTER UPON THE SUBJECT PREMISES AND INTO ANY STRUCTURES THEREON, FOR THE PURPOSES OF INSPECTING AND EVALUATING COMPLIANCE WITH ANY PERMIT ISSUED AS A RESULT OF THIS APPLICATION.

Printed Name:	APPLICANT'S SIGNATURE	Phone No :	E-Mail:
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Additional Comments:	Initial Review
	By: _____ Date: _____
	Approved
	By: _____ Date: _____