



Life Connected.

Residential Permit Application

ADDRESS OF PROJECT: _____

OWNER NAME: _____ PHONE: (____) _____

OWNER ADDRESS: _____ CITY _____ STATE _____ ZIP _____

OWNER E-MAIL ADDRESS: _____

CONTRACTOR NAME: _____ PHONE: (____) _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR E-MAIL ADDRESS: _____

SUB-CONTRACTORS *All general contractors and sub-contractors (electrical, mechanical, plumbing, etc.) must be registered with the City.

MECHANICAL CONTRACTOR: _____

ELECTRICAL CONTRACTOR: _____

PLUMBING CONTRACTOR: _____

OTHER: _____

Permit Type

☐ Addition/ Remodel	☐ Demolition	☐ Roof Replacement	☐ Fire Damage Repair
☐ Solar Panels	☐ Fence	☐ Driveway/Flatwork	☐ OTHER _____
☐ City Review	☐ Pool/ Spa	☐ Accessory Structure/ Dwelling	
☐ SB 1202	☐ Storm Shelter	☐ Shade Structure/ Patio Cover	
☐ Foundation Repair	☐ Construction/ Sales Trailer	☐ Outdoor Kitchen	

DESCRIPTION OF PROPOSED IMPROVEMENT: _____

LOT SIZE: _____ SQ FT OF EXISTING HOME: _____ SQ FT OF PROPOSED STRUCTURE: _____

BUILDING SETBACKS: FRONT _____ REAR _____ LEFT _____ RIGHT _____

RE-ROOF: REPLACING DECK? _____ GAS APPLIANCES? _____

FENCES: HEIGHT: _____ MATERIALS: _____

FENCES ON CORNER LOTS REQUIRE SETBACK of 15' FROM CURB: _____ (initial)

FENCE POSTS SHALL BE ORIENTED TOWARD THE INTERIOR OF THE LOT: _____ (initial)

FENCES FACING THE STREET MUST BE BOARD ON BOARD WITH A TOP CAP: _____ (initial)

PROJECT IN THE 100-YEAR FLOODPLAIN? _____ No _____ Yes (If YES, plans shall comply with floodplain regulations.)

DEMOLITION: IF CONVERTING TO COMERCIAL ASBESTOS SURVEY WILL BE REQUIRED _____ (initial)

THIS CERTIFIES THAT ON THIS DATE, APPLICATION WAS MADE FOR PERMIT WITH THE CITY OF CELINA. BY THIS SIGNATURE, THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE CODES, AMENDMENTS, AND CITY ORDINANCES.

APPLICANT PRINTED NAME: _____ DATE _____

APPLICANT SIGNATURE: _____