Universal Project Permit

City of Nolanville
Planning & Development
101 N 5th St. Nolanville, TX 76559
Phone: (254) 698-6335/ Fax: 254-698-2540
Email Application to
cityhall@nolanvilletx.gov

PLEASE NOTE THE FOLLOWING BEFORE PROCEEDING:

- **A Site Plan or Plot Plan (to scale) of the property and the propsed location must be included.**
- **If the address is on Septic you must provide approval from Bell County Health District with this application**

Universal Project Permit

Please select if the project is: ☐ **Residential** ☐ **Commercial** **Date:** _____

Project Address: _____

Property Owner: _____ **Phone:** _____

Owner Address (if different from above): _____

Contractor Information

General Contractor: _____ **Phone:** _____

Address: _____ **Email:** _____

Select Project Type & Provide Description of Work Below

Other Project Types on pg2

☐ Backflow
☐ Mechanical
☐ Plumbing
☐ Porch/ Deck
☐ Solar
☐ Irrigation
☐ Water Heater
☐ Water/Sewer Line
☐ Roof
☐ Site Inspection
☐ Skirting
☐ Electrical
☐ Gas Test

DESCRIPTION OF WORK TO BE DONE:

Accessory Structure/ Porch/ Patio/ Shed

Square Footage: _____ Wall Height: _____ Type of Material: _____

Homeowner has contacted their Home Owners Association? ☐Yes ☐No ☐N/A

Existing Structures on property: _____

Any Additional Work:

☐Electrical ☐Flatwork ☐Plumbing Other:_____

Flatwork Information

☐**New** ☐**Replacement** ☐**Repair** ☐**Addition**

Existing Material: _____ Proposed Material: _____

☐**Driveway/Flatwork** ($50 and up) ☐**Sidewalk** ($50 and up) ☐**Curb Cut/ Street Cut** ($50 and up)

☐**Pool/ Spa- Above Ground** ☐ **Pool In Ground**

Depth of Pool: _____ Pool Deck: Yes No (If yes an additional inspection is required)

Electrical: ☐Yes ☐No Electrical Contractor: _____Phone: _____

Plumbing: ☐Yes ☐No Plumbing Contractor: _____Phone: _____

Is location sewered by a septic system? ☐**No**, Continue Form ☐**Yes**, Attach permit approval form from Bell County Health Department and complete part two.

Fence Information

☐**New** ☐**Replacement** ☐**Repair**

Proposed Fence Material: _____

Corner Lot: ☐Yes ☐No

Retaining Wall

If 48inches or taller- MUST be engineered

Height: **Engineer:** ☐**Yes** ☐**No**

Proposed Material: _____

Sign

Height: **Area: (the entire face)**

#of existing signs: **#of advertising:**

TOTAL VALUATION: _____

(Cost of Labor+ Cost of Materials = Total Valuation)

Application Agreement and Signature

SIGNATURE: **PRINTED NAME:**

_____ _____

(Letter of authorization required if signature is other than property owner)

For Completion by City Personnel

Building Official:_____ Effective Date: _____ Expires: _____