City of Combes
P.O. Box 280
21626 Hand Rd.
Combes, TX 78535
Tel (956)425-7131 Tel (956)423-2714
Fax (956)412-6795
Email; vflores@townofcombes.com

CITY of COMBES Est. 1953

Miscellaneous Permit Application

PROJECT INFORMATION				
Project Address Apt #		**Subdivision**	**Lot**	**Block**
Property Owner Name	**Property Owner Address (if different)**		**Phone**	
General Contractor Name	**General Contractor Address**		**Phone**	
Contact Email:				

DESCRIPTION OF WORK
Description of work to be done:
Project Value: $
Check one: ☐ Single-family (detached) ☐ Commercial ☐ Duplex ☐ Townhome ☐ Multifamily

Project Details

☐ Culvert Pipe Installation	☐ Irrigation Residential	☐ Plumbing
☐ Electrical Meter Upgrade	☐ Irrigation Commercial	☐ Replace Boilers and Water Heater
☐ Foundation Repair	☐ Storage Room	☐ Reroof
☐ Moving, Relocation, Demolition	☐ Electrical	☐ Driveways
☐ Windows & Doors	☐ Sidewalks	☐ Fence ☐ Carport ☐ Awnings

Note: All electrical, mechanical and plumbing work must be bonded and insured. Provide sketch and/or plans and site plan for Driveways, Storage Rooms, Fence, Carports and Home Additions

CONTRACTOR TRADES (COMPANY NAME) Contractors must validate on this permit before starting work		
Plumbing Contractor	**Electrical Contractor**	**Other**

NOTICE

I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

Applicant Name (print) **Applicant Signature** **Date**

----------OFFICE USE ONLY BELOW THIS LINE----------

Plan Review Fee:	**Received By:**	**Date:**
Permit Fee:	**Approved By:**	**Date:**

NOTES from Applicant:
