Phone: 361-594-3362
Fax: 361-594-3566
Email: **adamf@shinertexas.gov**

Address: 802 N Ave E
PO Box 308

☐ Residential ☐ Commercial

Permit Application

Permit Number: _____ (Commercial) Valuation: $_____

Project Address: _____ (Residential) Total Square Feet: _____

Project Description NEW CONST. ☐ SFR REMODEL/ADDITION ☐ OTHER: _____

PLUMBING ☐ MECHANICAL ☐ ELECTRICAL ☐

FENCE ☐ ACCESSORY BUILDING ☐ LAWN IRRIGATION ☐ SWIMMING POOL ☐

FOUNDATION ☐ SOLAR ☐ GENERATOR ☐ GAS TEST ☐

Detailed description of work: _____

Will you need electricity disconnected? (circle) Yes No

If yes... ☐ Pull Meter Only ☐ Disconnect at Pole/Weather head

Owner Name: _____

Address: _____

Phone Number: _____ Email: _____

GENERAL CONTRACTOR	Name	Phone # Email:	Contractor License Number
MECHANICAL ENGINEER	Name	Phone # Email:	Contractor License Number
ELECTRICAL CONTRACTOR	Name	Phone # Email:	Contractor License Number
PLUMBER/IRRIGATOR	Name	Phone # Email:	Contractor License Number

A permit becomes null and void if work or construction authorized has not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

I here by 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 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 Applicant: _____ Date: _____

OFFICE USE ONLY:

Permit Fee: _____ ☐ Approved Total Fees: _____

☐ Final Passed Paid Date: _____

☐ Sent to Inspections ☐ Send to CAD Check #: _____