



RESUBMITTAL FORM

Date _____ Permit Number _____

Description of Property

Project Number _____
Street Address _____
Lot _____
Block _____
Subdivision _____
Phase _____

Description of Resubmittal and Special Instructions

Please include a narrative of changes proposed

Permit Applicant Information

Contractor/Homeowner _____
Address _____
Email Address _____
Contact Phone Number _____

Signature of Permit Applicant _____

Applicant Name _____

408 S. ROGERS | P.O. BOX 757 | WAXAHACHIE, TX 75168 | (469)309-4020

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This document is for informational purposes only and serves to provide guidance for information required to be submitted for the type of permit referenced in the title. This document is not an all-inclusive list of requirements and shall not be relied on in place of official regulations and/or policies.

Revised. 05/26