CITY OF TROUP
PO BOX 637
TROUP, TEXAS 75789
PH#903-842-3128

APPLICATION FOR _____ PERMIT

Enter what Type of Permit you are requesting – Alcohol, Building, Specific Use, Variance or Zoning Change

OFFICE USE ONLY

CASE NUMBER_____ SUBMITTAL DATE_____

NON-REFUNDABLE FEE OF $150.00 COLLECTED & RECEIVED BY_____

SITE PERMIT#_____DATE ISSUED_____

DESCRIPTION OF PROPERTY

LOT NUMBER_____ BLOCK NUMBER_____

SUBDIVISION_____LOT SIZE_____

PROPERTY ADDRESS_____

GENERAL LOCATION_____

Attach a current survey plat delineating the subject property or a meets and bounds description and survey if land is currently un-platted.

APPLICANT INFORMATION

APPLICANT'S NAME_____

ADDRESS_____

CITY,STATE,ZIP_____

EMAIL ADDRESS_____

PHONE #_____FAX#_____

DRIVER'S LICENSE #_____EXPIRES_____

OWNER INFORMATION

APPLICANT'S NAME_____

ADDRESS_____

CITY,STATE,ZIP_____

EMAIL ADDRESS_____

PHONE #_____FAX#_____

DRIVER'S LICENSE #_____EXPIRES_____

CITY OF TROUP
PO BOX 637
TROUP, TEXAS 75789
PH#903-842-3128

DESIGNATION OF AGENT FORM

I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing and the representation of this request. The designated agent shall be the principal contact person with the City of Troup (and vice versa) in processing and responding to requirements, information requests or other issues relative to this request.

PROPERTY OWNER

Printed Name _____

Signature _____

Date _____

APPLICANT

Printed Name _____

Signature _____

Date _____

DESIGNATED AGENT

Printed Name _____

Signature _____

Date _____

Address _____

City, State, Zip _____

Email Address _____

Phone _____ Fax _____

Drivers License # _____ Expires _____

CITY OF TROUP
106 E. DUVAL
TROUP, TX 75789
(903) 842-3128

APPLICATION FOR ALCOHOLIC BEVERAGE PERMIT

Date:_____

Applicant or Applicant's Representative:_____

Business Known As:_____

Address:_____

Contact Phone No:_____

Legal Description: Lot_____ **Block**_____ **Subdivision**_____

Application is filed for:

- ☐ **BQ** Wine and Beer Retailer's Off-Premise Permit
- ☐ **BF** Beer Retail Dealer's Off-Premise Permit
- ☐ **P** Package Store Permit
- ☐ **Q** Wine Only Package Store Permit
- ☐ **LP** Local Distributor's Permit
- ☐ **E** Local Cartage Permit
- ☐ **ET** Local Cartage Transfer Permit
- ☐ **PS** Package Store Tasting Permit
- ☐ **RM** Mixed Beverage Restaurant Permit with FB

- ☐ **Original/New**
- ☐ **Annual Renewal**

Comments or Special Conditions:

File with the Office of the City Secretary, at City of Troup, City Hall, 106 E. Duval, Troup, TX 75789 or mail to City of Troup, P O Box 637, Troup, TX 75789. For additional information contact the Office of the City Secretary at (903) 842-3128 or TABC Licensing Division Terry Hing 903-759-7834.

All fees must be paid at the time of application and are non-refundable. Failure to complete all information may cause a delay in processing of a permit. The City's processing of a permit could take up to thirty (30) days from the date an application is filed.

Approved:_____**Permit fee $30.00 if approved**

Rejected:_____

Reason for rejection:_____

APPLICATION FOR BUILDING PERMIT

IN CITY OF TROUP, TEXAS

File with the Office of the City Secretary, at Troup City Hall, 106 E. Duval Troup, Texas 75789 or mail to PO Box 637 Troup, Texas 75789. All fees must be paid at the time the application is filed and are non-refundable. Failure to complete all information may cause a delay in processing of a permit. The City's processing of a permit could take up to 30 days from the date an application is filed.

Name of Owner: _____ _____ Date: _____

Street: _____ Block: Lot:

CLASS OF BUILDING
- ____One Family Dwelling
- ____Two Family Dwelling
- ____Apartment
- ____No. Apartments
- ____Local Retail
- ____Commercial
- ____Central Business
- ____Wholesale
- ____Warehouse
- ____Industrial
- ____Light Manufacturing
- ____Heavy Manufacturing
- ____Repair to Building
- ____Addition to Building
- ____Private Garage
- ____Outhouse

CLASS OF ROOF
- ____Comp. Shingle
- ____Wood Shingle
- ____Built up Roof
- ____Roofing Paper
- ____Metal
- ____Tile

No. Flues to Ground
No. Bracket Flues
No. Chimneys

FOUNDATION
- ____Stone
- Brick
- ____Concrete
- ____Wood
- ____Piers

TYPE OF CONSTRUCTION
- ____Frame
- ____Brick
- ____Stucco
- ____Brick Ven.
- ____Concrete
- ____Iron Clad
- ____Hollow Tile

THICKNESS OF WALLS IN THE FIRE LIMITS _____

TYPE OF ELECTRIC WIRING
- ____Knob & Tube
- ____Conduit
- ____Romex

PLUMBING CONNECTIONS
- ____Baths
- ____Sinks
- ____Commodes
- ____Lavatories

NUMBER OF ROOMS: _____ KIND OF HEAT TO BE USED: _____

ESTIMATED TIME FOR COMPLETION, (IN DAYS): _____ COST: _____

NAME OF CONTRACTORS: _____

IMPORTANT

ALL APPLICATIONS FOR BUILDING PERMITS MUST BE ACCOMPANIED BY A PLAN SHOWING THE ACTUAL DIMENSIONS OF LOT, THE SIZE AND LOCATIONS OF BUILDING LOCATED ON THE LOT AT THE PRESENT TIME AND THE SIZE AND LOCATION OF BUILDING TO BE ERECTED; ALSO, GIVE DISTANCE OF ALL BUILDINGS FROM ALL PROPERTY LINES AND FROM OTHER BUILDINGS. THE PLAN MUST BE ATTACHED TO THIS APPLICATION. IF APPROVED PERMIT IS BASED OFF COST.

DO WRITE IN THIS COLUMN

Date received: _____

Inspector's estimate: _____

Approved: _____

Rejected: _____

Reason for rejection: _____

_____

_____

Signature of CODE OFFICER/BUILDING INSPECTOR

I hereby certify that the information on and attached to this application is true and correct.

_____ _____
Signature of applicant

_____
Mailing Address

_____ _____
City State