CITY OF Taft TEXAS

Phone:
Fax:

Address:

Residential Permit Application

Building Permit Number: _____ **Valuation:** _____

Project Address: _____ **Zoning:** _____

Lot: _____ **Block:** _____ **Subdivision:** _____

Project Description: NEW SFR ☐ SFR REMODEL/ADDITION ☐ SPECIFY OTHER: _____

PLUMBING ☐ MECHANICAL ☐ ELECTRICAL ☐

FENCE ☐ ACCESSORY BUILDING ☐ LAWN IRRIGATION ☐ SWIMMING POOL ☐

Description of Work: _____

Area Square Feet:

Living: _____ **Garage:** _____ **Covered Porch:** _____ **Total:** _____ **Number of stories:** _____

IS THIS PROPERTY IN A FLOODPLAIN: ☐ Yes ☐ No *If yes, provide Flood Plain Certificate*

Owner Information: _____

Name: _____ **Contact Person:** _____

Address: _____

Phone Number: _____ **Fax Number:** _____ **Email:** _____

General Contractor	Contact Person	Phone Number	Contractor License Number ☐
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number ☐
Electrical Contractor	Contact Person	Phone Number	Contractor License Number ☐
Plumber/Irrigator	Contact Person	Phone Number	Contractor License Number ☐
TPO Energy Provider	Contact Person	Phone Number	Contractor License Number ☐

A permit becomes null and void if work or construction authorized is 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 hereby 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:

Approved:		Date:	

Building Permit Fee: _____ Meter Deposit Fee: _____ **Total Fees:** _____

Plan Review Fee: _____ _____ **Receipt #:** _____

Water Tap Fee: _____ **Issued Date:** _____

Sewer Tap Fee: _____ **Issued By:** _____

BV Project # _____