CITY OF ABILENE

Building inspections

Building Permit Application

This application must be complete before a permit will be issued. No work shall be performed or fee accepted until the permit has been approved and issued. Complete set of plans required with application.

Plasticity Index: _____ Is Property located within a Flood Plain ◯Yes ◯No

Job Address_____

Water Supply: ◯ CITY ◯ OTHER_____ Water Meter Size_____

Sanitary Sewer: ◯ CITY ◯ PRIVATE Gas: ◯ YES ◯ NO ATMOS OR OTHER_____

Electric Supplier: ◯ AEP ◯ TAYLOR OTHER_____

Spray foam: ◯YES ◯ NO ---If YES, RES check required

Name of Business (if applicable):_____

Contractor: _____Contact Person: _____

Contact Person Email address: _____Phone_____

Contractor Address: _____ City: _____ State: _____ Zip: _____

A/C Sq. Ft.: _____ Total Under Roof Sq. Ft.: _____

1st Floor Total living Sq. Ft.:_____ 2nd Floor Total living Sq. Ft.: _____

Garage Sq. Ft.: _____ Porches Sq. Ft.:_____ Addition Sq. Ft.:_____

Valuation of Work: $_____ (Total cost of construction excluding cost of land) If construction is valued over $50,000 and is not residential, TDLR Project No. (Required): #_____

**The City of Abilene will arrange a Development Review Meeting with owner and contractor for all new "ground up" commercial projects. You may decline such meeting by signing here: _____

Class of work: ◯ New ◯ Alteration ◯ Addition ◯ Repair ◯ Moving

Structure Type: ◯ One-Two Family ◯ Multi-Family ◯ Commercial ◯ Industrial ◯ Other

Proposed Setbacks: Front_____ Back: _____ Side: N S E W _____ Side: N S E W_____

Curb: _____

Description of Work: _____

_____

_____

List Subcontractors Below

*Subcontractors indicated shall register with the City of Abilene Building Inspections Department before permits are processed. Contractors shall validate the permit issued for this construction. Separate permits will not be issued for the various trades.

** Alarms are required to be permitted and registered with the City of Abilene Police Department.

General Contractor: _____

Electrical: _____

HVAC_____

Plumbing: _____

Concrete: _____

Homeowner: _____

Residential Builder: _____

Septic: _____

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 the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local laws regulating construction or the performance of construction. By signing below, I understand that I shall meet all City Ordinances and Development Standards applicable to the appropriate zoning.

Date: _____

Applicant Signature: _____

Printed Name: _____

Email address: _____

To schedule inspections call 325-676-6273 – 325-676-6232, Email buildingpermits@abilenetx.gov or log on to mygov.us/login