CITY OF SLATON
BUILDING SERVICES

PERMIT APPLICATION

JOB SITE ADDRESS: _____

PROPERTY OWNER:	NAME: _____ ADDRESS: _____ CITY: _____ STATE:_____ ZIP:_____PHONE #:_____
CONTRACTOR:	TRCC REG: YES____ NO____ LICENSED: YES____ NO____ INS-GL YES____ NO____ INS-WC YES____ NO____ NAME: _____ ADDRESS: _____ CITY: _____ STATE:_____ ZIP:_____PHONE #:_____
CONTACT PERSON:	NAME:_____PHONE:_____
ARCHITECT:	NAME:_____PHONE:_____
LEGAL DESCRIPTION:	SUBDIVISION: _____ BLOCK: _____ LOT(S): _____
CONSTRUCTION TYPE:	RESIDENTIAL: ☐ COMMERCIAL: ☐ BUILDING: ☐ PLUMBING: ☐ ELECTRICAL: ☐ MFG HOME MOVE IN: ☐ CARPORT/PATIO COVER: ☐ DEMOLITION/RENOVATION: ☐ ASBESTOS SURVEY REQUIRED ON ALL COMMERCIAL AND PUBLIC BUILDINGS:

NOTICE: No changes shall be made from that which is stated in this application, or in attached plans & specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Building Inspector for such change. Granting of permit shall not be construed as a permit for an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and know the same to be true and correct.

_____

SIGNATURE OF APPLICANT OR PERMITEE: DATE:

OFFICE USE ONLY: P.P.I NO: _____ MASTER PLAN :_____

ZONING CHECK BY:_____ **DATE:**_____

ZONE DISTRICT: _____

SCHOOL DISTRICT: SLATON ISD

FLOOD PLAIN: YES____ NO____

ASBESTOS SURVEY REQUIRED: YES____ NO____

SUBLIST: YES____ NO____

CONSTRUCTION TYPE: _____

OCCUPANCY: _____

DESCRIPTION:	SQ FOOTAGE:	VALUATION:
UNF BASEMENT:		
FIN BASEMENT:		
LIVING SPACE:		
GARAGE:		
DECK/PORCH		
TOTAL VALUATION:		

PERMIT FEE:	$
PLAN REVIEW FEE:	$
	$
TOTAL:	$

FD: _____

SUBLIST: YES____ NO____ (WILL FAX TO LICENSING)

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