

P.O. BOX 220 McALLEN, TEXAS 78505-0220

**APPLICATION MUST BE COMPLETE**  
 (Please type or print in black or blue ink)

**PERMIT APPLICATION REFERENCE NUMBER** \_\_\_\_\_

**APPLICANT**

 NAME \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CONTACT: NAME: \_\_\_\_\_ PHONE \_\_\_\_\_  
 OWNER     CONTRACTOR     TENANT     OTHER \_\_\_\_\_

**OWNER**

 NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ \*EMAIL: \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
**\*OWNER INFORMATION NOT PROVIDED, INITIAL:**
**PROJECT**
 NEW     ADDITION     REMODELING     REPAIR     MOVE     REMOVE    \_\_\_\_\_ BLDG. HGT.    \_\_\_\_\_ NO. OF FLOORS  
 BLDG SQ. FT. \_\_\_\_\_ NO. PARKING SPACES \_\_\_\_\_ SQ. FT LOT \_\_\_\_\_ LOT FRONT \_\_\_\_\_ FLOOR EL ABOVE CURB \_\_\_\_\_  
 EXISTING USE \_\_\_\_\_ NEW USE \_\_\_\_\_ IMPROVEMENT VALUE \$ \_\_\_\_\_  
 SCOPE OF WORK TO BE DONE \_\_\_\_\_

ADDITION &amp; DEMO USE \_\_\_\_\_ DEMO SQ. FT. \_\_\_\_\_ ADD'L BLDG SQ. FT. \_\_\_\_\_ IMPROVEMENT VALUE \$ \_\_\_\_\_

<b>FOUNDATION</b> <input type="checkbox"/> CONCRETE SLAB <input type="checkbox"/> CONCRETE PIER <input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> CONCRETE BEAM <input type="checkbox"/> WOOD POSTS <input type="checkbox"/> _____	<b>EXT WALL</b> <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> MASONRY SOLID <input type="checkbox"/> METAL SIDING <input type="checkbox"/> COMPOSITION <input type="checkbox"/> WOOD <input type="checkbox"/> _____	<b>ROOF</b> <input type="checkbox"/> WOOD SHINGLE <input type="checkbox"/> COMPOSITION <input type="checkbox"/> METAL <input type="checkbox"/> BUILD UP <input type="checkbox"/> CLAY OR CONCRETE TILE <input type="checkbox"/> _____	<b>SPECIAL CONDITIONS</b> <input type="checkbox"/> FIRE SPRINKLER SYSTEM <input type="checkbox"/> FIRE ALARM SYSTEM <input type="checkbox"/> TYPE OF CONSTRUCTION _____ <input type="checkbox"/> ASBESTOS SURVEY <input type="checkbox"/> EABPRJA/B#: _____ <input type="checkbox"/> CONDEMNED STRUCTURE <input type="checkbox"/> SEPTIC TANK EXISTING OR PROPOSED <input type="checkbox"/> YES <input type="checkbox"/> NO
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 LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_  
 SITE ADDRESS ST. NO. \_\_\_\_\_ ST. NAME \_\_\_\_\_

**CITY USE ONLY**

 ZONING \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_ DOUBLE FEE \$ \_\_\_\_\_ REC'D BY \_\_\_\_\_  
 PERMIT REVIEW FEE \$ \_\_\_\_\_ DATE \_\_\_\_\_  
 PARK DEV.  TOTAL PERMIT FEE \$ \_\_\_\_\_ TIME \_\_\_\_\_  
 ZONE # \_\_\_\_\_ PARK DEVELOPMENT FEE \$ \_\_\_\_\_

The foregoing is a true and correct description of the improvement proposed by the undersigned applicant and the applicant states that he will have full authority over construction of same. The building permit shall not be held to permit or be an approval of the violation or modification of any provisions of City ordinances, codes, subdivision restrictions of State law or be a waiver by the City of such violation. Alteration changes or deviations from the plans authorized by this permit is unlawful without written authorization from the Building Inspection Department. The applicant hereby agrees to comply with all City ordinances, codes, subdivision, restrictions and State laws and assume all responsibility for such compliance. **It is understood that the improvements shall not be occupied until a Certificate of Occupancy has been issued.** Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance or if the work authorized by such permit is suspended or abandoned for six months after the time of work is commenced. This permit is good for one year only.

PRINT (AUTHORIZED AGENT/OWNER)	SIGNATURE	EMAIL ADDRESS (required)	DATE
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