



RESIDENTIAL PERMIT APPLICATION

REV. 6/2022

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

PERMIT APPLICATION REFERENCE NUMBER _____

APPLICATION MUST BE COMPLETE

(Please type or print in black or blue ink)

GC 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:**

NEW IMAGINE TOMMORROW REMODELING REPAIR MOVE ADDITION REMOVE _____ BLDG. HGT. _____ NO. OF FLOORS

BLDG SQ. FT. _____ NO. PARKING SPACES _____ SQ. FT. LOT _____ LOT FRONT _____ FLOOR EL ABOVE CURB _____

EXISTING USE OF LOT _____ NEW USE _____

SCOPE OF WORK TO BE DONE _____

STRUCTURE BUILT BEFORE 1978 YES NO.

PROJECT

RESIDENTIAL NEW _____ NO. OF UNITS _____ NO. BDRMS _____ NO. BATHRMS _____ SQ. FT. NON-LIVING _____ SQ. FT. LIVING _____

- | | | | |
|---|---|--|--|
| FOUNDATION | EXT WALL | ROOF | UPGRADES/OTHER |
| <input type="checkbox"/> CONCRETE SLAB | <input type="checkbox"/> MASONRY VENEER | <input type="checkbox"/> WOOD SHINGLE | <input type="checkbox"/> GRANITE COUNTERTOPS |
| <input type="checkbox"/> CONCRETE PIER | <input type="checkbox"/> MASONRY SOLID | <input type="checkbox"/> COMPOSITION | <input type="checkbox"/> MARBLE TUBS/FLOORS |
| <input type="checkbox"/> CONCRETE BLOCK | <input type="checkbox"/> METAL SIDING | <input type="checkbox"/> METAL | <input type="checkbox"/> CUSTOM WINDOWS |
| <input type="checkbox"/> CONCRETE BEAM | <input type="checkbox"/> COMPOSITION | <input type="checkbox"/> BUILD UP | <input type="checkbox"/> POLYURETHANE INSULATION |
| <input type="checkbox"/> WOOD POSTS | <input type="checkbox"/> WOOD | <input type="checkbox"/> CLAY OR CONCRETE TILE | <input type="checkbox"/> OTHER UPGRADES _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| | | | <input type="checkbox"/> SEPTIC TANK EXISTING OR PROPOSED |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

LOT _____ BLOCK _____ SUBDIVISION _____

SITE ADDRESS ST. NO. _____ ST. NAME _____

CITY USE ONLY

Construction Cost _____ Permit Fee \$ _____ Rec'd by _____

Value \$ _____ Double Fee \$ _____ Date _____

Zoning _____ Park Zone _____ Park Development Fee \$ _____ Time _____

Total 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