



Phone: (817) 866-3395  
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304 E. Criner Street  
 Grandview, Texas 76050

## Residential Building 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: _____	Covered Porch: _____	Total: _____	Number of stories: _____
Living: _____	Garage: _____		

Owner Information:			
Name: _____		Contact Person: _____	
Address: _____		Contractor e-mail: _____	
Phone Number: _____	Fax Number: _____	Mobile Number: _____	

Contractor Type	Contact Person	Phone Number	Contractor License Number
<b>General Contractor</b>	_____	_____	_____
<b>Mechanical Contractor</b>	_____	_____	_____
<b>Electrical Contractor</b>	_____	_____	_____
<b>Plumber/Irrigator</b>	_____	_____	_____

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 construction must be completed within 12 months from issuance of permit. All permits require final inspection.

***A certificate of occupancy must be issued before any building is occupied.***

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 by: _____	Date approved: _____
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Building Permit Fee: \_\_\_\_\_  
 Electrical Fee: \_\_\_\_\_  
 Plumbing Fee: \_\_\_\_\_  
 Mechanical Fee: \_\_\_\_\_  
 T-Pole Fee: \_\_\_\_\_

**Total Fees:** \_\_\_\_\_  
**Check # or Cash:** \_\_\_\_\_  
**Issued By:** \_\_\_\_\_  
**Issued Date:** \_\_\_\_\_  
 BV Project # \_\_\_\_\_