



# BUILDING PERMIT APPLICATION

## City of Alice

PO Box 3229 (500 E. Main St.) Alice, TX 78333

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DIG TESS (800)344-8377

JWCAD # \_\_\_\_\_ 2003 INTERNATIONAL CODES & 2002 NATIONAL ELECTRIC CODE Permit # \_\_\_\_\_

Construction Address			Suite # or Apt./ Bldg. #		Date
Lot	Block	Subdivision/tract	Fax # (point of contact):		
			Email Address:		
Owner	Address		City, State, Zip		Phone
Tenant	Address		City, State, Zip		Phone
Contractor	Address		City, State, Zip		Phone
Engineer	Address		City, State, Zip		Phone
Architect	Address		City, State, Zip		Phone
Use of Building/Tenant Space: Residential <input type="checkbox"/> Commercial <input type="checkbox"/>			Number of floors		1st SqFt: _____ 2nd SqFt: _____
<b>Value of Construction \$</b> _____			Fees Due: \$ _____		Fees Paid: \$ _____
<b>Work Use (check one)</b>			<input type="checkbox"/> Addition		<input type="checkbox"/> Roof
<input type="checkbox"/> New Construction			<input type="checkbox"/> Garage		<input type="checkbox"/> Demolition
<input type="checkbox"/> New Construction Shell			<input type="checkbox"/> Swimming Pool		<input type="checkbox"/> Flat Work
<input type="checkbox"/> Sign			<input type="checkbox"/> Accessory Bldg.		<input type="checkbox"/> Flood Plain
<input type="checkbox"/> Remodel			<input type="checkbox"/> Change of Occupancy		<input type="checkbox"/> Subdivision sidewalks
			Sq Ft Living Area: _____		Sq Ft Garage: _____
			Total Sq Ft: _____		Re-bar Slab <input type="checkbox"/> Cable Slab <input type="checkbox"/> Piers <input type="checkbox"/>
			All Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Description of Work:</b> _____					
TX Residential Construction Commission: Builder's Registration #: _____ New Home Registration: Yes <input type="checkbox"/> No <input type="checkbox"/>					
TLDR EAB# for commercial projects _____					
An asbestos survey has been conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit for a commercial and/or public building being issued by the City of Alice. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>KNOX BOX Yes</b>					
<b>NOTICE</b>	*Separate permits are required for electrical, plumbing, and air conditioning.				
	*Permit Owner will be responsible for disposing of construction debris to an acceptable disposal site.				
	*A building permit becomes null and void if work or construction authorized is not commenced within six months or if construction or work is suspended or abandoned for a period of six months at any time after work is commenced.				
	*Applicant is the owner and/or has the owner's consent to do the requested work				
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local ordinances regulating construction or the performance of construction.					
Printed Name of Applicant			Signature x		
Printed Name of Contractor or Authorized Agent			Signature x		
Printed Name of Homeowner (If owner is builder)			Signature x		

### CITY USE ONLY

	DATE	APPROVAL	DISAPPROVAL	COMMENTS
Zoning				
Building Inspection				
Plumbing Inspection				
Electrical Inspection				
Public Works				
Fire Prevention				
Engineering				
Health Dept.				
Community Services				
JWC Appraisal District				

BUILDING

ALTERATION

Show N O R T H arrow on (PLOT PLAN)

LOT SIZE:

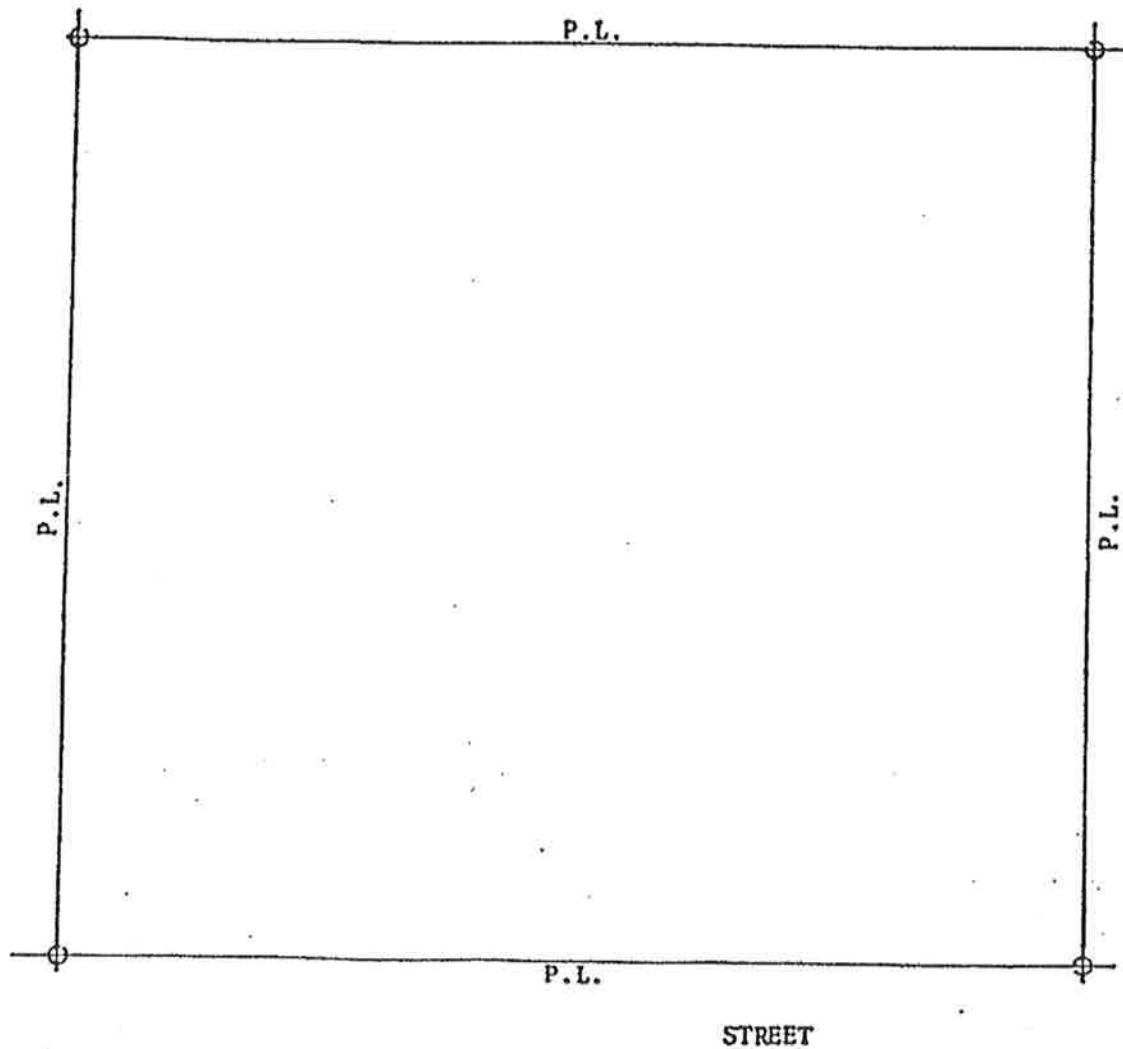
1. Width of lot \_\_\_\_\_, 2. Length of lot \_\_\_\_\_,

BUILDING SETBACKS:

1. Front \_\_\_\_\_, 2. Right side \_\_\_\_\_, 3. Left side \_\_\_\_\_, 4. Back \_\_\_\_\_

SHOW \_\_\_\_\_ FOR EXISTING

SHOW ----- FOR ALTERATION



P L O T P L A N