

APPLICATION FOR BUILDING PERMIT

CITY OF CALDWELL

107 S. Hill Street
Caldwell, Texas 77836
(979) 567-3423
www.caldwelltx.gov

FOR OFFICE USE ONLY

DATE: _____
APPLICATION #: _____
TEMP POLE #: _____

PROJECT ADDRESS/LOCATION: _____
LOT: _____ BLOCK: _____ SUBDIVISION: _____ SEC/PH: _____
BUSINESS/OWNER NAME: _____ PHONE: _____
 CONTRACTOR / HOMEOWNER _____ PHONE: _____
CONTACT PERSON FOR REVIEW COMMENTS: _____ PHONE: _____
FAX: _____ EMAIL: _____
ELECTRICIAN: _____ PLUMBER: _____
HVAC: _____ DESIGNER OF RECORD: _____
ARCHITECT ENGINEER OTHER

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> DUPLEX (Landscape Plans Required) | <input type="checkbox"/> ADDITION |
| <input type="checkbox"/> ACCESSORY / STORAGE | <input type="checkbox"/> DEMOLITION (Asbestos Survey Required) | <input type="checkbox"/> LOCATION |
| <input type="checkbox"/> RETAINING WALL | <input type="checkbox"/> PORTABLE STORAGE (Residential) | <input type="checkbox"/> MOVING |
| <input type="checkbox"/> SWIMMING POOL | <input type="checkbox"/> PORTABLE STORAGE (Non-Residential) | <input type="checkbox"/> SHELL ONLY |
| <input type="checkbox"/> LAWN IRRIGATION | <input type="checkbox"/> REMODEL /RENOVATION (Asbestos Survey Required) | <input type="checkbox"/> SLAB ONLY |
| | | <input type="checkbox"/> TENT |

I CERTIFY BY MY SIGNATURE BELOW THAT I HAVE OBTAINED AND WILL KEEP ON SITE THE ASBESTOS SURVEY.

DESCRIPTION OF WORK: _____

PROPOSED USE OF STRUCTURE: _____

TEXAS ACCESSIBILITY STANDARD (TAS) PROJECT REGISTRATION NO. EABPRJ _____

I CERTIFY BY MY SIGNATURE BELOW THAT I WILL COMPLY WITH ALL TAS ACCESSIBILITY REQUIREMENTS.

VALUATION: \$ _____ TOTAL AREA: _____ HEATED AREA: _____
(Cost of Labor and Material)

GARAGE TYPE: SINGLE DOUBLE TRIPLE ATTACHED DETACHED

PUBLIC SEWER NUMBER OF UNITS: _____

SEPTIC SYSTEM NUMBER OF BEDROOMS: _____

SEWER TAP SIZE: _____ NUMBER OF BATHROOMS: _____

WATER TAP SIZE: _____ INTERIOR WALL TYPE: _____

OTHER TAP SIZE: _____ EXTERIOR WALL TYPE: _____

TEMP POLE FOUNDATION TYPE: _____

COMMERCIAL ONLY:

FIRE SPRINKLER SYSTEM YES NO

FIRE ALARM SYSTEM YES NO

CONSTRUCTION TYPE: _____

SIGNATURE OF APPLICANT: _____

OFFICIAL USE ONLY

REVIEWER, NAME & TITLE

CITY OFFICIAL

COMMENTS YES NO

PERMIT FEE: _____ DATE APPROVED: _____ WORK STARTED () RECEIPT # _____

PERMIT NUMBER: _____

C.O. ISSUED () DATE _____ DENIED () DATE _____ BY _____ IF DENIED: \$35.00 FEE PAID ()