

Application for Residential Permit

Building Inspections Department
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Permit Number: _____

Part 1. Project Location Information

Project Address: _____

Subdivision:	Block:	Lot:
Property Owner or Tenant Name:	Phone:	
	Email:	

Part 2. Description of Work

# of Bedrooms _____ # of Bathrooms _____ # of Fire Places _____ Fireplace Material <input type="checkbox"/> Metal <input type="checkbox"/> Masonry	Check Applicable: Duplex? <input type="checkbox"/> Zero Lot? <input type="checkbox"/> Townhome? <input type="checkbox"/> Gas Required? <input type="checkbox"/> Exterior finish Material: Brick <input type="checkbox"/> EIFS <input type="checkbox"/> Stucco <input type="checkbox"/> Siding <input type="checkbox"/>
Square Footage: _____ First Floor _____ Second Floor _____ Third Floor (townhomes only) _____ Total Square Footage	_____ Garage _____ Covered Porch/Patio _____ Total under Roof _____ Impervious Area of Lot
	_____ Water Meter Size _____ Sewer Tap Size

Complete this Section for Alterations/Additions: Square Footage: _____

Description of Work: _____

<input type="checkbox"/> Legal & Dimensions match plat <input type="checkbox"/> Easements clear & shown <input type="checkbox"/> Minimum finish floor-letter sent <input type="checkbox"/> Required front yard _____ <input type="checkbox"/> Required side yard _____ L _____ R <input type="checkbox"/> Required rear yard _____ <input type="checkbox"/> Zoning _____	office use only	<input type="checkbox"/> Min. 5' side setback @ drive approach <input type="checkbox"/> Circle drive _____ <input type="checkbox"/> Allowed lot coverage _____ % <input type="checkbox"/> Provided lot coverage _____ % <input type="checkbox"/> Lot square footage _____ <input type="checkbox"/> Subdivision/lot release date _____
		<input type="checkbox"/> Park Zone <input type="checkbox"/> Fire Sprinkled <input type="checkbox"/> Engineered Frame <input type="checkbox"/> Erosion Control <input type="checkbox"/> Underground EL ME <input type="checkbox"/> Footing/Pier Inspection <input type="checkbox"/> Water Meter

Part 3. Contractor

Contractor	Address	City/State/Zip	Phone
General:			
Electric:			
Plumbing:			
Mechanical:			
Trash Hauler:			

AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. ALL PERMITS REQUIRE FINAL INSPECTION. FEES ARE NON-REFUNDABLE ON PERMITS FOR WHICH WORK HAS COMMENCED, AND THE PERMIT MAY NOT BE WITHDRAWN UNLESS A SUBSEQUENT PERMITTEE HAS OBTAINED A PERMIT TO COMPLETE THE WORK, OR WHEN WORK HAS STARTED UNLESS AN INSPECTION HAS BEEN MADE AND THE BUILDING OFFICIAL HAS DETERMINED THAT THE EXISTING WORK HAS CREATED NO VIOLATION OF ANY CODE OR ORDINANCE. PERMIT FEES EXCEEDING \$100.00 MAY BE PARTIALLY REFUNDED. WHERE APPLICABLE, FEES WILL BE REFUNDED AT 80 PERCENT OF THEIR ORIGINAL VALUE, EXCLUDING THE PLAN REVIEW AND FIRE PROTECTION PLAN REVIEW DEPOSITS. PERMITS MAY BE WITHDRAWN BY THE APPLICANT IF NO WORK HAS COMMENCED ON THE PROJECT. WITHDRAWN PERMITS WITH FEES OF (\$100) DOLLARS OR LESS ARE NON-REFUNDABLE. CONTRACTOR REGISTRATION FEES ARE NON-REFUNDABLE.

I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Date: _____ Your name (Printed): _____ Signature: _____

Email: _____ phone: _____ fax: _____

Permit Technician Approval:	Date:
Plans Examiner Approval:	Date:
Permit Received By:	Date: