# BUILDING PERMIT APPLICATION

REV. 01/2007

## CITY OF MCALLEN

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

**PERMIT APPLICATION REFERENCE NUMBER** _____

**(Please type or print in black or blue ink)**

### APPLICANT

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT: NAME: _____ PHONE _____

☐ OWNER ☐ CONTRACTOR ☐ TENANT ☐ OTHER _____

### OWNER

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ NEW ☐ ADDITION ☐ REMODELING ☐ REPAIR ☐ MOVE ☐ 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 _____ IMPROVEMENT VALUE $ _____.00

### PROJECT

FOR RESIDENTIAL USE ONLY — NO. OF UNITS _____ NO BDRMS _____ NO BATHRMS _____ SQ. FT. NON-LIVING _____ SQ. FT. LIVING _____

**FOUNDATION**
- ☐ CONCRETE SLAB
- ☐ CONCRETE PIER
- ☐ CONCRETE BLOCK
- ☐ CONCRETE BEAM
- ☐ WOOD POSTS
- ☐ _____

**EXT WALL**
- ☐ MASONRY VENEER
- ☐ MASONRY SOLID
- ☐ METAL SIDING
- ☐ COMPOSITION
- ☐ WOOD
- ☐ _____

**ROOF**
- ☐ WOOD SHINGLE
- ☐ COMPOSITION
- ☐ METAL
- ☐ BUILD UP
- ☐ _____

**SPECIAL CONDITIONS**
- ☐ **FIRE SPRINKLER SYSTEM**
- ☐ **FIRE ALARM SYSTEM**
- ☐ **TYPE OF CONSTRUCTION** _____
- ☐ **ASBESTOS SURVEY**
- ☐ **EABPRJA#:** _____
- ☐ **HOME BLDRS. REGST. NO.** _____

LOT _____ BLOCK _____ SUBDIVISION _____

SITE ADDRESS ST. NO. _____ ST. NAME _____

### CITY USE ONLY

ZONING _____ **PK. DEV.#** ☐ PLAN NO. _____ PERMIT FEE $ _____ . REC'D BY _____

DATE _____

PLAN REVIEW FEE $ _____ . TIME _____

| | APPRL MO. DAY | WITH CHNGS MO. DAY | DIS APPRL MO. DAY |
|---|---|---|---|
| PLAN REVIEW | | | |
| ELECTRICAL REVIEW | | | |
| PLUMBING REVIEW | | | |
| HEALTH | | | |
| ENGINEERING | | | |
| PLANNING | | | |
| FIRE PREVENTION | | | |
| HOUSING | | | |
| UTILITIES | | | |
| _____ | | | |

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 herby 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**

## CITY USE ONLY

## CITY USE ONLY

**Inspections Dept.**

| Name | Date/Time | Comments |
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**Health Dept.**

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**Engineering Dept.**

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**Planning Dept.**

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**Other :**

| Name | Date/Time | Comments |
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