NO PERMIT REFUNDS

BUILDING PERMIT APPLICATION
CITY OF SELMA, TEXAS

☐ BUILDING ☐ ELECT. ☐ HVAC ☐ PLUMBING ☐ SPRINKLER ☐ FENCE ☐ OTHER _____

JOB ADDRESS

1. LEGAL DESCR. | LOT NO. | BLK | TRACT | ☐ SEE ATTACHED SHEET)

2. OWNER | MAIL ADDRESS | ZIP | PHONE

3. CONTRACTOR | MAIL ADDRESS | PHONE | LICENSE NO.

4. ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | LICENSE NO.

5. ENGINEER | MAIL ADDRESS | PHONE | LICENSE NO.

6. LENDER | MAIL ADDRESS | BRANCH

7. USE OF BUILDING

8. **Class of Work:** ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE

9. **Describe work:**

10. **Change of use from**

Change of use to

11. **Valuation: $**

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR INSURANCE BY

PLAN CHECK FEE	PERMIT FEE	TOTAL FEE
$	$	$ 0.00
Type of Const.	Occupancy Group	Division
Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load
Fire Zone	Use Zone	Fire Sprinklers Required ☐ Yes ☐ No
No. of Dwelling Units	OFFSTREET PARKING SPACES: Covered	Uncovered

Special Approvals	Required	Received	Not Required
ZONING			
HEALTH DEPT.			
FIRE DEPT.			
SOIL REPORT			
OTHER (SPECIFY)			
FLOOD PERMIT			

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.

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 HEREIN 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 CONTRACTOR OR AUTHORITY AGENT DATE

SIGNATURE OF OWNER (IF OWNER BUILDER) DATE

PERMIT #

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. NO._____ M.O. CASH

DATE: _____

PERMIT VALIDATION CK.NO._____ M.O. CASH

DATE: _____