



BUILDING PERMIT APPLICATION

100 W. Center • P.O. Box 40 • Kyle, Texas 78640 • (512) 262-3911 • Fax (512) 262-3915
(Complete & Sign Reverse Side)

PROJECT INFORMATION Please Print					
BUILDING PERMIT NUMBER: <small>(Office use only)</small>			APPLICATION DATE:		
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> INDUSTRIAL	
<input type="checkbox"/> ADDITION		<input type="checkbox"/> DEMOLITION		<input type="checkbox"/> FINISH OUT	
<input type="checkbox"/> MOVE		<input type="checkbox"/> NEW		<input type="checkbox"/> REMODEL	
<input type="checkbox"/> REPAIR		<input type="checkbox"/> ACCESSORY BLDG		<input type="checkbox"/> CONST. TRAILER	
<input type="checkbox"/> CERTIFICATE OF OCCUPANCY		<input type="checkbox"/> DECK		<input type="checkbox"/> PATIO COVER	
<input type="checkbox"/> COMPLETE BLDG		<input type="checkbox"/> MANUFACTURE HOME		<input type="checkbox"/> SHELL BLDG	
<input type="checkbox"/> OTHER , SPECIFY:				<input type="checkbox"/> SWIMMING POOL/SPA	
Brief Description of Proposed Work:					
Commercial Project Name:			Site Address:		Zoning:
Subdivision:	Block:	Lot:	Plat Date:	Plan ID:	Section:
Applicant Name:		Phone: _____ Fax: _____		Email:	
Applicant Address:		City/State: _____ Zip: _____		Owner Name:	
CONTRACTOR INFORMATION					
General:		Phone: ()		Print Name Clearly:	
Street Address:		City: State: Zip:		Signature:	
Electrical:		Phone: ()		Print Name Clearly:	
Street Address:		City: State: Zip:		Signature:	
Plumbing:		Phone: ()		Print Name Clearly:	
Street Address:		City: State: Zip:		Signature:	
Mechanical:		Phone: ()		Print Name Clearly:	
Street Address:		City: State: Zip:		Signature:	

CERTIFICATION:

I CERTIFY THAT ALL STATEMENTS MADE HEREIN OR ELSEWHERE IN CONNECTION WITH THIS PERMIT ARE TRUE AND CORRECT. I ALSO UNDERSTAND THAT ANY PERSON WHO KNOWINGLY OR WILLFULLY FALSIFIES A PERMIT APPLICATION OR RECEIVED A PERMIT THROUGH WILLFUL OMISSION OR DECEPTION MAY BE SUBJECT TO FINES.

Applicant Signature: _____

REQUIRED COMMERCIAL INFORMATION (Check as applicable)			
A: Assembly <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5		B: Business <input type="checkbox"/>	
E: Educational <input type="checkbox"/>			
F: Factory <input type="checkbox"/> F-1 <input type="checkbox"/> F-2		H: High Hazard <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5	
I: Institutional <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4		M: Mercantile <input type="checkbox"/>	
R: Residential <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4		S: Storage <input type="checkbox"/> S-1 <input type="checkbox"/> S-2	
U: Utility <input type="checkbox"/>		Special Use <input type="checkbox"/> Describe:	

Occupancy Load:	Fire Sprinkled: <input type="checkbox"/> Yes <input type="checkbox"/> No	TDLR EAB PROJECT #:
Use Description (Example: Residence, Day Care, Physician, Restaurant, Church, Bank, Hotel, etc.)		
Describe:		
CONSTRUCTION TYPE (Check as applicable)		
<input type="checkbox"/> IA <input type="checkbox"/> IB	<input type="checkbox"/> IIA <input type="checkbox"/> IIB	<input type="checkbox"/> IIIA <input type="checkbox"/> IIIB
<input type="checkbox"/> IV	<input type="checkbox"/> VA <input type="checkbox"/> VB	

REQUIRED INFORMATION FOR ALL PERMIT TYPES		
Project Value: \$	Heated/Cooled Sq. Ft.:	Total Sq. Ft:
Does the lot/site lie within a current designated FEMA flood hazard area? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, fill out a Floodplain Development Application)		
<input type="checkbox"/> I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished. <input type="checkbox"/> Does not apply		
Applicant Signature:		Date:

NOTICE	
Three (3) copies of construction plans and specifications must be submitted by the Applicant. Work may not start until a permit has been issued pursuant to approval of this application. Permits so issued shall not be construed as authority to alter or set aside any building code requirement, nor shall such issuance of a permit prevent the Building Official from thereafter requiring correction of errors in plans or in construction, or of violations of building codes or zoning ordinance.	
Permits shall become invalid if work is not commenced within six (6) months after issuance, or work authorized by such permit is suspended or abandoned for a period of six (6) months or longer after work has commenced.	
Inspections are to be requested as needed during work. A final inspection must be done and a certificate of occupancy issued before a building or structure is occupied.	
Please check your deed restrictions and Homeowners Association requirements before building, as they are not regulated by the City.	
Signature of Contractor or Authorized agent:	Date:
Signature of Owner (if Owner Builder):	Date:

IN-OFFICE USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By:	Date:
Comments:		