

Building Permit Application

Permit Number _____

All permit applications must be submitted online using the CSS Portal available at:

<https://energovweb.cityofallen.org/energov/selfservice/home>

Site Information					
Project Address		Suite #	Subdivision	Lot	Block
Business Name (If Commercial Project)					
Property Owner Name		Property Owner Address		City, State, & Zip	
Property Owner Contact Phone			Property Owner Email		
Construction Type					
Commercial	Residential	Sign	Temporary Use	CDBG	Other: _____
Permit Type					
<input type="checkbox"/> Shell*		<input type="checkbox"/> Accessory Building (Shed)		<input type="checkbox"/> HVAC/Mechanical	
<input type="checkbox"/> Shell/Finish Out*		<input type="checkbox"/> Addition		<input type="checkbox"/> Irrigation*	
<input type="checkbox"/> Finish Out*		<input type="checkbox"/> Alteration		<input type="checkbox"/> Outdoor Kitchen	
<input type="checkbox"/> Multi-Family*		<input type="checkbox"/> Arbor/Patio/Carport		<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Clean & Show		<input type="checkbox"/> Concrete		<input type="checkbox"/> Pool/Spa*	
<input type="checkbox"/> Street Lights		<input type="checkbox"/> Demolition		<input type="checkbox"/> Roof	
<input type="checkbox"/> Subdivision Wall		<input type="checkbox"/> Donation Bin		<input type="checkbox"/> Sign*	
<input type="checkbox"/> Retaining Wall*		<input type="checkbox"/> Electric		<input type="checkbox"/> Solar*	
<input type="checkbox"/> Screening Wall*		<input type="checkbox"/> Emergency Service		<input type="checkbox"/> Special Event	
<input type="checkbox"/> Residential Single Family		<input type="checkbox"/> Fence*		<input type="checkbox"/> Storm Shelter*	
<input type="checkbox"/> Residential Duplex/Townhome		<input type="checkbox"/> Fireplace/Pit/Grill		<input type="checkbox"/> Water Heater	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Foundation Repair		<input type="checkbox"/> Window Replacement	
*Application must be submitted with a corresponding Plan Review Checklist, available at cityofallen.org/893/building-and-permitting					
Description of Work					
Detailed Scope and Location of Work					
Total Value of Work		Total Sq. Ft.		Proposed Use	
Bldg. Fully Sprinkled: Yes No			TDLR#:		
Responsible Parties					
CONTRACTOR INFORMATION - PLEASE COMPLETE THE OPPOSITE SIDE OF THIS FORM (REQUIRED)					
I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances, Adopted Codes and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or a duly authorized agent. Permission is hereby granted to enter the premises and make all inspections.					
APPLICANT NAME:		SIGNATURE:		DATE:	
CONTACT PHONE:			DRIVERS LICENSE #:		
EMAIL:			Applicant is: Owner Contractor Other		
PLAN REVIEW FEE:		RECEIVED BY:		DATE:	
PERMIT FEE:		ROADWAY FEE:		OTHER FEE:	
TOTAL FEE:		ISSUED BY:		DATE:	



City of Allen | Community Development | Building and Code Division
305 Century Parkway, Allen, Texas 75013-8042
214.509.130 • Fax 214.509.4139
Cityofallen.org • permits@cityofallen.org

October 2021



Permit Number: _____

Site Address: _____

CONTRATOR/TRADE INFORMATION

General Contractor

Company Name: _____

Address: _____

Phone: _____ Email: _____

Electrician

company name: _____

Master's name: _____ Master electrician's license number: _____

Address: _____

Phone: _____ Email: _____

Plumbing

company name: _____

Master's name: _____ Master plumber's license number: _____

Address: _____

Phone: _____ Email: _____

Mechanical

company name: _____

Master's name: _____ Master mechanic's license number: _____

Address: _____

Phone: _____ Email: _____

Irrigation

company name: _____

Licensed irrigator's name: _____ Irrigator license number: _____

Address: _____

Phone: _____ Email: _____