

# 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	
<b>Business Name (If Commercial Project)</b>					
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"/> Shell/Finish Out* <input type="checkbox"/> Finish Out* <input type="checkbox"/> Multi-Family* <input type="checkbox"/> Clean & Show <input type="checkbox"/> Street Lights <input type="checkbox"/> Subdivision Wall <input type="checkbox"/> Retaining Wall* <input type="checkbox"/> Screening Wall* <input type="checkbox"/> Residential Single Family <input type="checkbox"/> Residential Duplex/Townhome <input type="checkbox"/> Other: _____		<input type="checkbox"/> Accessory Building (Shed) <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Arbor/Patio/Carport <input type="checkbox"/> Concrete <input type="checkbox"/> Demolition <input type="checkbox"/> Donation Bin <input type="checkbox"/> Electric <input type="checkbox"/> Emergency Service <input type="checkbox"/> Fence* <input type="checkbox"/> Fireplace/Pit/Grill <input type="checkbox"/> Foundation Repair		<input type="checkbox"/> HVAC/Mechanical <input type="checkbox"/> Irrigation* <input type="checkbox"/> Outdoor Kitchen <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool/Spa* <input type="checkbox"/> Roof <input type="checkbox"/> Sign* <input type="checkbox"/> Solar* <input type="checkbox"/> Special Event <input type="checkbox"/> Storm Shelter* <input type="checkbox"/> Water Heater <input type="checkbox"/> Window Replacement	
<b>*Application must be submitted with a corresponding Plan Review Checklist, available at <a href="http://cityofallen.org/893/building-and-permitting">cityofallen.org/893/building-and-permitting</a></b>					
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)					
<small>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.</small>					
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:	





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Site Address: \_\_\_\_\_

## CONTRACTOR/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: \_\_\_\_\_