

1805 L Don Dodson Dr. Bedford, TX 76021 Phone: 817-952-2140

Fax: 817-952-2211 building.permits@bedfordtx.gov

Date:			JILDING PERMIT APPLICATION				Permit #:		
Job Address:							Suite #		
Owner Name:								Phone #	
New Building Addition Remodel Lease Space Other (See Scope of Work Below)							Total Value of Work: \$		
Job Na	ame(Description):		Commercial Residential Asbestos Survey			Total Sq. Ft.			
Gener	al Contractor/App	olicant:	Address:	•	City:	Zip:			
Phone #: Cell #:				Email:				·	
Description of Work:									
			OTHER / S	COPE OF WORK					
Qty			Qty		Qty				
	ANTENNA		DETACHED GARAGE			SIDING	IG		
	ARBOR / PERG	OLA	MASONRY			STORM	RM SHELTER		
AWNING (ENGINEERED)			MULTI-FAMILY			STORA	RAGE BUILDING		
CARPORT			PATIO / PORCH COVER			SWIMN	MING POOL/SPA		
	DECK		RETAINING WALL			TREE F	REMOVAL		
	DEMOLITION		ROOF		4				
					4				
					Ш				
OTHER:									
*TDLR Number (required if estimated construction cost is \$50,000 or greater):									
The issuance or granting of a permit shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of this code or of any other ordinance of the City of Bedford. 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 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 the duly authorized agent. Permission is hereby granted to enter the premises and make all inspections.									
Print Name:				Signature:					
Conta	ct Phone:		Drivers License #		:				
FOR OFFICE USE ONLY									
	E	Building Permit Fee	\$						
		% Plan Review Fee	\$		Paid:				
		Fire Marshal Fee			Paid:				
Total \$					Paid:				
Approved By:			Date:		Notified contractor / Permit ready:				