



City of Brazoria

BUILDING PERMIT

Receipt # _____

1

OWNER
JOB ADDRESS

Applicant to complete numbered spaces only

JOB ADDRESS					
1	LEGAL DESCR.	LOT NO.	BLK	TRACT	(<input type="checkbox"/> SEE ATTACHED SHEET)
2	OWNER	MAIL ADDRESS		ZIP	PHONE
3	CONTRACTOR	MAIL ADDRESS		PHONE	REGISTRATION NO.
4	ARCHITECT OR DESIGNER	MAIL ADDRESS		PHONE	REGISTRATION NO.
5	ENGINEER	MAIL ADDRESS		PHONE	REGISTRATION NO.
6	LENDER	MAIL ADDRESS		BRANCH	
7	USE OF BUILDING				
8	Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE				
9	Describe work:				

10 Valuation of work: \$			PLAN CHECK FEE		PERMIT FEE		
SPECIAL CONDITIONS			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 <input type="checkbox"/> Yes <input type="checkbox"/> No		
APPLICATION ACCEPTED BY		PLANS CHECKED BY	APPROVED FOR ISSUANCE BY		OFFSTREET PARKING SPACES: Covered Uncovered		
<p style="text-align: center;">NOTICE</p> <p>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 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>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.</p>			Special Approvals		Required	Received	Not Required
			ZONING				
			HEALTH DEPT.				
			FIRE DEPT.				
			SOIL REPORT				
			OTHER (Specify)				
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		(DATE)					
SIGNATURE OF OWNER (IF OWNER BUILDER)		(DATE)					

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

PLAN CHECK VALIDATION	CK.	M.O.	CASH	PERMIT VALIDATION	CK.	M.O.	CASH
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