

Residential Permit / Application
City of Winters
310 S Main, Winters, TX 79567
Phone: 325-754-4424 Fax: 325-754-4284



Permit Number: _____ Valuation: _____ BV Project Number: _____

Project Address: _____ Zoning: _____

Lot: _____ Block: _____ SubDivision: _____ Phase _____

Project Description: ___ New SFR ___ SFR Remodel/Addition ___ Specify Other ___ Fence
 ___ Plumbing ___ Mechanical ___ Electrical ___ Accessory Building ___ Lawn Irrigation
 ___ Swimming Pool

Description of Work _____

Area Square Feet _____ Living _____ Garage _____ Covered Porch _____ Total _____

_____ Number of Stories

THIS PROPERTY IS IN A FLOOD PLAIN: Yes ___ No ___ *If Yes, provide Flood Plain Certificate to the City*

Owner Information: _____

Name: _____ Contact Person: _____

Address: _____

Phone Number: _____ Cell Number: _____ Email: _____

General Contractor: _____ Contact Person _____

Phone Number: _____ Email: _____

Mechanical Contractor: _____ Contact Person: _____

Phone Number: _____ Email: _____

Electrical Contractor: _____ Contact Person: _____

Phone Number: _____ Email: _____

Plumbing/Irrigator Contractor: _____ Contact Person: _____

Phone Number: _____ Email: _____

TPO Energy Provider: _____ Contact Person: _____

Phone Number: _____ Email: _____

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

A certificate of occupancy must be issued before any building is occupied. A copy of a certificate of insurance must be provided with the application.

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 or not. The granting of a permit does not presume to give authority to violate or cancel the provisions if any other state or local law regulation construction or the performance of construction.

Signature of Applicant: _____ **Date:** _____

Office Use Only:

Building Permit Fee: _____

Meter Deposit Fee: _____

Plan Review Fee: _____

Water Tap Fee: _____

Sewer Tap Fee: _____

Total Fees: _____

Receipt # _____

Issued Date _____

Issued By _____

BV Project # _____