



Phone: (325) 754-4424
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310 South Main St.
 Winters, Texas 79567

Commercial Permit Application

Building Permit Number: _____	Valuation: _____
Project Name: _____	Square Foot: _____
Project Address: _____	Zoning: _____
Project Description: New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Finishout <input type="checkbox"/> Sign <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Other <input type="checkbox"/>	
Scope of Work: _____	

Owner Information: _____	
Name: _____	Contact Person: _____
Address: _____	
Phone Number: _____	Fax Number: _____
Email: _____	

Engineer	Contact Person	Phone Number	Email
Architect	Contact Person	Phone Number	Email
General Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Electrical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Plumbing Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
TPO Energy Provider	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>

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.

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 of any other state or local law regulating construction or the performance of construction.

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

OFFICE USE ONLY:

Building Plan Review Approved by: _____	Date: _____
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Total Fees: _____
Receipt #: _____
Issued Date: _____
Issued By: _____
 BV Project #: _____