



## ACCESSORY BUILDING PERMIT APPLICATION

### PROJECT INFORMATION

Project Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 Subdivision/Addition: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Total Property Area (ft<sup>2</sup>): \_\_\_\_\_ Total Area of All Buildings on Lot (ft<sup>2</sup>): \_\_\_\_\_  
 Foundation Type: \_\_\_\_\_ Height of Building (ft): \_\_\_\_\_  
 Construction Value: \_\_\_\_\_ Building Use: \_\_\_\_\_  
 Will there be utilities:  YES  NO IF YES, what kind:  Water/Wastewater  Electric  Gas  
 \*Attach a plot plan with this application showing all dimensions, setbacks, and easements from the property lines.  
 All existing and proposed structures should also be shown on the plan with dimensions to property lines.

### PROPERTY OWNER INFORMATION

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Pantego Contractor Registration #: \_\_\_\_\_ Expiration: \_\_\_\_\_

### AUTHORIZATION

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 ordinances regulating construction, the performance of construction or the use of any land or buildings.

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Applicant is:  Contractor  Homeowner  Authorized Agent

### FOR OFFICE USE ONLY

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">PERMIT</td> <td style="width: 10%;">1217</td> <td style="width: 10%;">\$</td> <td style="width: 60%;">_____</td> </tr> <tr> <td>PLAN REVIEW</td> <td>1990</td> <td>\$</td> <td>_____</td> </tr> <tr> <td><b>TOTAL FEE</b></td> <td></td> <td>\$</td> <td>_____</td> </tr> <tr> <td>PAID Plan Review:</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Date: _____</td> <td>Receipt #: _____</td> <td colspan="2"></td> </tr> </table>	PERMIT	1217	\$	_____	PLAN REVIEW	1990	\$	_____	<b>TOTAL FEE</b>		\$	_____	PAID Plan Review:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Date: _____	Receipt #: _____			PERMIT NUMBER: _____ RECEIVED BY: _____ TIME & DATE: _____ BUILDING INSPECTOR APPROVAL: _____
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