**NO PERMIT REFUNDS**

# BUILDING PERMIT APPLICATION
# CITY OF SELMA, TEXAS

☐ BUILDING ☐ ELECT. ☐ HVAC ☐ PLUMBING ☐ SPRINKLER ☐ FENCE ☐ OTHER _____

JOB ADDRESS

| | | | | |
|---|---|---|---|---|
| 1. LEGAL DESCR. | LOT NO. | BLK | TRACT | (☐ SEE ATTACHED SHEET) |
| 2. OWNER | | MAIL ADDRESS | ZIP | PHONE |
| 3. CONTRACTOR | | MAIL ADDRESS | PHONE | LICENSE NO. |
| 4. ARCHITECT OR DESIGNER | | MAIL ADDRESS | PHONE | LICENSE NO. |
| 5. ENGINEER | | MAIL ADDRESS | PHONE | LICENSE NO. |
| 6. LENDER | | MAIL ADDRESS | | BRANCH |
| 7 USE OF BUILDING | | | | |

8. **Class of Work:** ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE

9. **Describe work:**

10. **Change of use from**

**Change of use to**

11. **Valuation: $**

SPECIAL CONDITIONS:

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR INSURANCE BY |
|---|---|---|
| | | |

| PLAN CHECK FEE | PERMIT FEE | TOTAL FEE |
|---|---|---|
| $ | $ | $ |
| 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 ☐ Yes ☐ No |
| No. of Dwelling Units | OFFSTREET PARKING SPACES: Covered | Uncovered |

| Special Approvals | Required | Received | Not Required |
|---|---|---|---|
| ZONING | | | |
| HEALTH DEPT. | | | |
| FIRE DEPT. | | | |
| SOIL REPORT | | | |
| OTHER (SPECIFY) | | | |
| FLOOD PERMIT | | | |
| | | | |
| | | | |
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## NOTICE

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 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.

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.

_____
SIGNATURE OF CONTRACTOR OR AUTHORITY AGENT DATE

_____
SIGNATURE OF OWNER (IF OWNER BUILDER) DATE

PERMIT #

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

PLAN CHECK VALIDATION CK. NO._____ M.O. CASH

DATE: _____

PERMIT VALIDATION CK.NO._____ M.O. CASH

DATE: _____