



Miscellaneous Simple Permit Application

Permit Number

PROJECT INFORMATION

Project Address	Apt #	Subdivision	Lot	Block
Property Owner Name	Property Owner Address (if different)		Phone	
General Contractor Name	General Contractor Address		Phone	
Contact Email:				

DESCRIPTION OF WORK

Description of work to be done:

Project Value: \$

Check one: Single-family (detached) Zero-lot line Duplex Townhome Multifamily

Project Details

<input type="checkbox"/> Retaining Walls Commercial	<input type="checkbox"/> Irrigation Residential
<input type="checkbox"/> Retaining Walls Residential	<input type="checkbox"/> Irrigation Commercial
<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Sidewalks, Driveways, or Flatwork
<input type="checkbox"/> Moving, Relocation, Demolition	<input type="checkbox"/> Temporary Building/Construction Trailer
<input type="checkbox"/> Windows & Doors	

A separate application is required for each job to be performed.

CONTRACTOR TRADES (COMPANY NAME)
Contractors must validate on this permit before starting work

Plumbing Contractor	Electrical Contractor	Other
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NOTICE

I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Applicant Name (print)	Applicant Signature	Date
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For inspections, please email your request to: inspections@annatexas.gov