



Permit Number

**Building Addition/
Accessory/ Storage
Building/ Pergolas/ Covered Patio/ Deck
Permit Application**

Use this application for additions and alterations to an existing residential building

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: \$	Total Sq Ft:
Check one: <input type="checkbox"/> Single-family (detached) <input type="checkbox"/> Zero-lot line <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Multifamily	
Project Details <input type="checkbox"/> Attached to main structure <input type="checkbox"/> Detached from main structure <input type="checkbox"/> Gas <input type="checkbox"/> Enclosed Building Addition <input type="checkbox"/> Pergola <input type="checkbox"/> Other _____ <input type="checkbox"/> Propane <input type="checkbox"/> Covered Patio <input type="checkbox"/> Deck <input type="checkbox"/> Electric <input type="checkbox"/> Alteration, Addition, Repair, Remodel <input type="checkbox"/> Storage Shed Dimensions (SF): _____ <i>See Miscellaneous Permit (solar panels, A/C, mechanical, irrigation, etc.) or Fence Permit as applicable.</i>	

CONTRACTOR TRADES (COMPANY NAME) Contractors must validate on this permit before starting work		
Plumbing Contractor	Electrical Contractor	Other

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

For inspections, please email your request to: inspections@annatexas.gov