



Miscellaneous Simple Permit Application

Permit Number

HIGHLIGHTED FIELDS REQUIRED

PROJECT INFORMATION				
Project Address 810 N. Travis	Apt #	Subdivision	Lot	Block
Property Owner Name City of Anna	Property Owner Address (if different) 3223 N Powell Pkwy		Phone 999-999-9999	
General Contractor Name John Doe	General Contractor Address 999 W. Apple St		Phone 888-888-8888	
Contact Email: Johndoe@yahoo.com				

DESCRIPTION OF WORK
Description of work to be done: Remove and replace 20 squares of comp shingles. No decking MUST PROVIDE TYPE OF ROOF? DECKING YES OR NO? REMOVE AND REPLACE? HOW MANY SQUARES?
Project Value: \$ 2800
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"/> Retaining Walls Commercial	<input type="checkbox"/> Irrigation Residential	<input type="checkbox"/> Dumpster Enclosure
<input type="checkbox"/> Retaining Walls Residential	<input type="checkbox"/> Irrigation Commercial	<input type="checkbox"/> Replace Boilers and Water Heater
<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Sewer Camera	<input type="checkbox"/> Reroof
<input type="checkbox"/> Moving, Relocation, Demolition	<input type="checkbox"/> Tree Removal Commercial	<input type="checkbox"/> Tree Removal Residential
<input type="checkbox"/> Windows & Doors	<input type="checkbox"/> Sidewalks, Driveways, or Flatwork	
<input type="checkbox"/> Temporary Building/Construction Trailer		

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
n/a	n/a	n/a

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) John Doe	Applicant Signature John Doe	Date 9/9/9
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For a complete application, payment must be received within 48 hours of submission.

-----OFFICE USE ONLY BELOW THIS LINE-----

Plan Review Fee:	Received By:	Date:
Permit Fee:	Approved By:	Date: