

**Residential
Building Permit
Application**

Permit Number

HIGHLIGHTED FIELDS REQUIRED

PROJECT INFORMATION				
Project Address 810 N. Travis	Apt #	Subdivision	Lot	Block
Property Owner Name City of Denison	Property Owner Address 300 W. Main		Phone 999-999-9999	
Contractor Name John Doe	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?

Value of Project 2800	Total Square Footage	First Floor Square Ft	Second Floor Square Ft
Number of Bedrooms	Number of Bathrooms	Garage Square Ft	Porch/Other Square Ft

CONTRACTOR TRADES (COMPANY NAME)		
Plumbing Contractor n/a	Mechanical Contractor n/a	Electrical Contractor 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 John Doe	Applicant Signature John Doe	DATE 9/9/9
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-----OFFICE USE ONLY BELOW THIS LINE-----

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