THE CITY OF Anna

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: ☐ **Single-family (detached)** ☐ **Zero-lot line** ☐ **Duplex** ☐ **Townhome** ☐ **Multifamily**

Project Details ☐ **Attached to main structure** ☐ **Detached from main structure**

☐ **Gas** ☐ **Enclosed Building Addition** ☐ **Pergola** ☐ **Other**_____
☐ **Propane** ☐ **Covered Patio** ☐ **Deck**
☐ **Electric** ☐ **Alteration, Addition, Repair, Remodel** ☐ **Storage Shed**
Dimensions (SF):_____

See Miscellaneous Permit (solar panels, A/C, mechanical, irrigation, etc.) or Fence Permit as applicable.

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 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:**