



LEWISVILLE

Deep Roots. Broad Wings. Bright Future.

PERMIT APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT

151 W. CHURCH ST.

LEWISVILLE, TEXAS 75057

TEL: 972-219-3470 * FAX: 972-219-3772

DATE:			
PERMIT ADDRESS:			WAS STRUCTURE BUILT BEFORE 1978? YES <input type="checkbox"/> NO <input type="checkbox"/>
COMMERCIAL PERMIT <input type="checkbox"/>	COMMERCIAL SQ. FT.	RESIDENTIAL PERMIT <input type="checkbox"/>	RESIDENTIAL SQ. FT.
VALUE OF WORK:	LOT:	BLOCK:	SUB-DIVISION NAME:
COMPLETE THIS SECTION ONLY IF PURCHASING METERS			
DOMESTIC METER SIZE:	QUANTITY OF METERS:	IRRIGATION METER SIZE:	QUANTITY OF METERS:
DESCRIPTION OF WORK TO BE DONE:			
OCCUPANT NAME:		ADDRESS, CITY, STATE, ZIP:	
GENERAL, IRRIGATOR, FENCE CONTRACTOR:		ADDRESS, CITY, STATE, ZIP:	
MECHANICAL CONTRACTOR		ADDRESS, CITY, STATE, ZIP:	
ELECTRICAL CONTRACTOR:		ADDRESS, CITY, STATE, ZIP:	
PLUMBING CONTRACTOR:		ADDRESS, CITY, STATE, ZIP:	
SIGN CONTRACTOR:		ADDRESS, CITY, STATE, ZIP:	
FIRE CONTRACTOR:		ADDRESS, CITY, STATE, ZIP:	
I HEREBY AGREE THAT IF A PERMIT IS ISSUED, ALL PROVISIONS OF THE CITY ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH. WHETHER HEREIN SPECIFIED OR NOT, I AGREE TO COMPLY WITH ALL PROPERTY RESTRICTIONS. I AM THE OWNER OF THE ABOVE PROPERTY OR HIS DULY AUTHORIZED AGENT. PERMISSION IS HEREBY GRANTED TO ENTER PREMISES AND MAKE ALL INSPECTIONS.			
CONTACT PERSON (PLEASE PRINT):			CONTACT NUMBER:
LICENSE HOLDER or APPLICANTS SIGNATURE: **NOTE: License holder must sign permit application**			TELEPHONE NUMBER:
BELOW IS FOR OFFICE USE ONLY			
PLAN REVIEW FEE::	METER DEPOSIT:	WATER ADMIN FEE:	
FEE PAID <input type="checkbox"/>			
PERMIT FEE:	METER FEE:	FIRE SPRINKLER:	
MECHANICAL FEE:	WATER CR FEE:	FIRE FIXED EXT SYSTEM:	
ELECTRICAL FEE:	SEWER CR FEE:	FIRE ALARM:	
PLUMBING FEE:	SEWER ADMIN FEE:	OTHER:	
APPROVED BY:	DATE:	PERMIT TOTAL:	
COMMENTS:		BALANCE DUE:	
VERB PU & \$:	RETURNED TO CUST:	REJECTED:	
L/M PU & \$:	RE-SUB DATE:	COR. REQ.:	
GC AND/OR SUBS MUST REG:	2ND NOTICE TO PU & \$:	COPY/COPIES NEEDED:	