



PERMIT APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT
 151 W. CHURCH ST.
 LEWISVILLE, TEXAS 75057
 TEL.: 972-219-3470 * FAX: 972-219-3772

DATE:

PERMIT ADDRESS:

| | | | |
|--|--------------------|---|---------------------|
| COMMERCIAL PERMIT <input type="checkbox"/> | COMMERCIAL SQ. FT. | RESIDENTIAL PERMIT <input type="checkbox"/> | RESIDENTIAL SQ. FT. |
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| VALUE OF WORK: | LOT: | BLOCK: | SUB-DIVISION NAME: |
|----------------|------|--------|--------------------|

*****COMPLETE THIS SECTION ONLY IF PURCHASING METERS*****

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|----------------------|---------------------|------------------------|---------------------|
| DOMESTIC METER SIZE: | QUANTITY OF METERS: | IRRIGATION METER SIZE: | QUANTITY OF METERS: |
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DESCRIPTION OF WORK TO BE DONE:

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| OCCUPANT NAME: | ADDRESS, CITY, STATE, ZIP: |
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| GENERAL, IRRIGATOR, FENCE CONTRACTOR: | ADDRESS, CITY, STATE, ZIP: |
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| MECHANICAL CONTRACTOR | ADDRESS, CITY, STATE, ZIP: |
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| ELECTRICAL CONTRACTOR: | ADDRESS, CITY, STATE, ZIP: |
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| PLUMBING CONTRACTOR: | ADDRESS, CITY, STATE, ZIP: |
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| SIGN CONTRACTOR: | ADDRESS, CITY, STATE, ZIP: |
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| FIRE CONTRACTOR: | ADDRESS, CITY, STATE, ZIP: |
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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.

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| CONTACT PERSON (PLEASE PRINT): | CONTACT NUMBER: |
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| MASTER/APPLICANTS SIGNATURE: | TELEPHONE NUMBER: |
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*****BELOW IS FOR OFFICE USE ONLY*****

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| PLAN REVIEW FEE: | METER DEPOSIT: | WATER ADMIN FEE: |
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| PERMIT FEE: | METER FEE: | FIRE SPRINKLER: |
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| MECHANICAL FEE: | WATER CR FEE: | FIRE FIXED EXT SYSTEM: |
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| ELECTRICAL FEE: | SEWER CR FEE: | FIRE ALARM: |
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| PLUMBING FEE: | SEWER ADMIN FEE: | OTHER: |
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| APPROVED BY: | DATE: | PERMIT TOTAL: |
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COMMENTS:

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|---------------|-------------------|-----------|
| VERB PU & \$: | RETURNED TO CUST: | REJECTED: |
|---------------|-------------------|-----------|

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| L/M PU & \$: | RE-SUB DATE: | COR. REQ.: |
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| GC AND/OR SUBS MUST REG: | 2ND NOTICE TO PU & \$: | COPY/COPIES NEEDED: |
|--------------------------|------------------------|---------------------|