

# BUILDING PERMIT

Jurisdiction of Fulton, Texas

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Applicant to complete numbered spaces only.

JOB ADDRESS				OWNER	JOB ADDRESS			
1	LEGAL DESCR.	LOT NO.	BLK.			TRACT	<input type="checkbox"/> (SEE ATTACHED SHEET)	
2	OWNER	MAIL ADDRESS				ZIP	PHONE	
3	CONTRACTOR	MAIL ADDRESS				PHONE	REGISTRATION NO.	
4	ARCHITECT OR DESIGNER	MAIL ADDRESS				PHONE	REGISTRATION NO.	
5	ENGINEER	MAIL ADDRESS				PHONE	REGISTRATION NO.	
6	LENDER	MAIL ADDRESS				BRANCH		
7	USE OF BUILDING							
8	Class of work <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE							
9	Describe work:							
10	Valuation of work: \$							
SPECIAL CONDITIONS:			PLAN CHECK FEE		PERMIT FEE			
			Type of Const.	Occupancy Group	Division			
			Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load			
APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY		Fire Zone	Use Zones			
<p align="center"><b>NOTICE</b></p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>			OFF-STREET PARKING SPACES:		Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No			
			No. of Dwelling Units		Covered	Uncovered		
			Special Approvals	Required	Received	Not Required		
			ZONING					
			HEALTH DEPT.					
			FIRE DEPT.					
			SOIL REPORT					
			OTHER (Specify)					
			SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT			(DATE)		
			SIGNATURE OF OWNER (IF OWNER BUILDER)			(DATE)		

**WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT**

PLAN CHECK VALIDATION    CK.    M.O.    CASH

PERMIT VALIDATION    CK.    M.O.    CASH