



# RESIDENTIAL BUILDING PERMIT APPLICATION

City of Haslet  
101 Main St.  
Haslet, Texas 76052  
817-439-5931 ext.107  
817-439-1606 (F)

**SUBMITTAL REQUIREMENTS: Submit 2 sets of plans as may be necessary to clarify work.**

**Property Information** **PERMIT NUMBER:** \_\_\_\_\_

Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Tract(attach metes & bounds description) SUBDIVISION: \_\_\_\_\_ ZONING: \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_

You Are: Homeowner Builder/Contractor Authorized Agent Phone No: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

## Builder/Contractor Information

Builder Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Fax No: \_\_\_\_\_

License No.: \_\_\_\_\_ Email: \_\_\_\_\_

## SubContractors (List Name, Address, License#) Statement of Insurance

Plumbing: \_\_\_\_\_

Electrical: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Irrigator: \_\_\_\_\_

## Type of Construction

New Addition Remodel/Alteration Accessory Demolition

Electrical Plumbing Mechanical Swimming Pool: Above Ground or  In Ground

One Story Two Story Other CONSTRUCTION VALUE \$ \_\_\_\_\_

Resident Sq. Ft.: \_\_\_\_\_ Garage/Accessory Sq. Ft.: \_\_\_\_\_ Other Sq. Ft.: \_\_\_\_\_ (Elec, Mech,Plmbg)

**NOTICE:** This permit becomes null and void if work or construction authorized is not commenced within 120 days, or if construction or work is suspended or abandoned for a period of 90 days at any time after work is commenced.

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 law regulating construction or the performance of construction. The issuance of a permit neither exempts nor modifies any covenants, deed restrictions, City ordinances or State or Federal Laws, whether herein specified or not.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant is responsible for calling in to schedule inspection and making arrangements for the work to be accessible to be inspected. To Schedule Inspections call 817-439-5931 ext. 107.**

## OFFICE USE ONLY

Building Permit Fee: \_\_\_\_\_ PM Sewer Installation: \_\_\_\_\_ ST Approved by: \_\_\_\_\_

Water Installation: \_\_\_\_\_ WT Sewer Impact Fee: \_\_\_\_\_ SIM \_\_\_\_\_

Water Impact Fee: \_\_\_\_\_ WIM Park Land Fee: \_\_\_\_\_ PARK \_\_\_\_\_

Fort Worth Fee: \_\_\_\_\_ FIM Plan Review Fee: \_\_\_\_\_ PLAN \_\_\_\_\_

Water Deposit: \_\_\_\_\_

Special Meter Cost: \_\_\_\_\_ **TOTAL FEES DUE:** \_\_\_\_\_

Expires: \_\_\_\_\_