



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

You Are: Homeowner Builder/Contractor Authorized Agent

Name: _____ Phone No: _____

Mail Address: _____ Fax No.: _____

City: _____ State & Zip Code: _____ Email: _____

Builder/Contractor Information

Builder Company Name: _____

Contact Name: _____ Phone No: _____ Fax No: _____

Mail Address: _____ City: _____ State & Zip: _____

License No.: _____ Email: _____

Scope of work: _____

SubContractors (List Name, Address, License#)

Plumbing: _____

Electrical: _____

Mechanical: _____

Irrigator: _____

Type of Construction

New Addition Remodel/Alteration Accessory Demolition

Electrical Plumbing Mechanical One Story Two Story Other _____

Resident Sq. Ft.: _____ Garage/Accessory Sq. Ft.: _____

CONSTRUCTION VALUE \$ _____

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: _____ Date: _____ Expires: _____
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: _____	Other: _____ MPM	
Special Meter Cost: _____ WT	TOTAL FEES DUE: _____	