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## Residential Building Permit Application

Building Permit Number: _____		Valuation: _____	
Project Address: _____		Zoning: _____	
Lot: _____	Block: _____	Subdivision: _____	
Project Description:	NEW SFR <input type="checkbox"/>	SFR REMODEL/ADDITION <input type="checkbox"/>	SPECIFY OTHER: _____
	PLUMBING <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>
	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	SWIMMING POOL <input type="checkbox"/>
Description of Work:			
Area Square Feet:	Covered		
Living: _____	Porch: _____	Total: _____	Number of stories: _____
Garage: _____			

Owner Information:		
Name: _____	Contact Person: _____	
Address: _____		
Phone Number: _____	Fax Number: _____	Mobile Number: _____

<b>General Contractor</b>	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
<b>Mechanical Contractor</b>	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
<b>Electrical Contractor</b>	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
<b>Plumber/Irrigator</b>	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All construction must be completed within 6 months from issuance of permit. All permits require final inspection.

***A certificate of occupancy must be issued before any building is occupied.***

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 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.

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

**OFFICE USE ONLY:**

Approved by: _____	Date approved: _____	
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Building Permit Fee: _____	Water Tap Fee: _____	Total Fees: _____
Plan Review Fee: _____	Sewer Tap Fee: _____	Check # or Cash: _____
	Meter Deposit: _____	Issued By: _____
		Issued Date: _____
		BV Project # _____