

Phone: 817-489-2201 Website: www.newarktexas.com Address: 209 Hudson St. PO Box 156 Newark, TX 76071

## Residential/Remodel Permit Application

Building Permit Number: \_

|   |  |   | · · · ·   |
|---|--|---|---|
|   |  |   | ion:  |
| Project Address:  |  |   | ning:   |
|   |  |   |   |
|   |  |   | Lot Square Feet:  |
|   |  |   | e Ft. of Accessory Building 1:  |
|   |  |   | e Ft. of Accessory Building 2   |
| Is this property in a floodplair  |  |   |   |
| (Accessory Building include al  | roofed structures, well hou  | uses, swimming pools, etc.)   |   |
| Will this project include (Che  | ck all that apply): 🛛 Plum   | bing 🗆 Mechanical 🗆   | Electrical  |
| Contractor Information: Com   | pany:  | _ Contact Person:   |   |
| Address:  | Phone  | Number:   | Email:  |
| Mechanical Contractor:  | Contact Person:  | Phone Number/Email:   | Contractor License Number:  |
| Electrical Contractor:  | Contact Person:  | Phone Number/Email:   | Contractor License Number:  |
| Plumbing/Irrigator:   | Contact Person:  | Phone Number/Email:   | Contractor License Number:  |
| mit will expire. A permit become<br>or work is suspended or abando<br>I hereby certify that I have rea<br>dinances governing this type of<br>uthority to violate or cancel th | nes null and void if work or<br>ned for a period of 180 days<br>d and examined this applica<br>work will be complied with<br>e provisions of any other sta | construction authorized is not<br>s at any time after work is com<br>ition and know the same to be<br>whether specified or not. The<br>ate or local law regulating cons | pection is made within 90 days of issuance the<br>commenced within 180 days, or if construct<br>menced. All permits require final inspection<br>true and correct. All provisions of laws and<br>granting of a permit does not presume to g<br>truction or the performance of construction |
| Signature of Applicant:   |  |   | Date:   |
| ******  |  |   | *************************************   |
|   |  | ffice Use Only  |   |
| В   | uliding Permit Fee:  | Total Fees:   |   |
|   | Permit Rece  | eived on:   |   |
| Total Fees:   | Payment Date:  | Payment Type:   | _ Receipt # By:   |
|   |  | om PR: BV Pr  |   |
|   |  |   | ·   |