

BldgResidentialCommercialSign	DemolitionMoving Today's Date:						
Site Address (using Gonzales County Appraisal District A	ddress or Parcel #):						
Owner:	Phone:						
Mailing Address:	Email:						
Contractor Name:	Phone:						
License # (If Applicable)							
Use of Building:							
Class of Work: NewAdditionRepairMoveRemove							
Describe Work in Detail (If more than one permit is requested please specify each job by trade):							
Size of Bldg. (Square Footage):	or Linear Footage for Skirting/Fence:						
Permit Fee:							

## **NOTICE:**

This permit becomes null and void if work or construction authorized is not completed within 6 months. If Electrical, Plumbing, or HVAC permit must have copy of license attached. Permits that are requested after building or work has started are doubled if citation is not issued.

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 regulation construction or the performance of construction.

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Signature of Contractor or Authorized Agent				Date		
Signature of Owner Date						
	Office Use Only					
	Intial Inspection:	_ Approved ( )	Denied ()	Ву:		
	Final Inspection:		Denied			
	Paid with: () M.O.#	or ( ) Cho	eck #			
Compliance Officer or Police Chief Signature:						

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