



CITY OF ALVIN

1100 West Highway 6 • Alvin, Texas 77511 • (281) 388-4271 • FAX (281) 331-7516

Engineering Department

BUILDING PERMIT APPLICATION

FOR THE ERECTION OF BUILDINGS, ACCESSORIES, REPAIRS, WRECKING, AWNINGS, CANOPIES, POOLS, ETC

20

RENDERED IN THE NAME OF: _____

PRINT CONTACT NAME & PHONE NUMBER: _____

Class of Work (Circle One): New, Addition, Alteration, Repair, Move, Demolish, Sign, Other

APPLICATION FOR CONSTRUCTION OF: _____

Lot No		Blk No.		Subdivision / Addition		Abstract	
Job Address							
Owner		Address		City/State		Zip	
Contractor		Address		City/State		Zip	
Architect		Address		City/State		Zip	
Engineer		Address		City/State		Zip	
Lot Size		Land Value		Flood Zone			
Living Square Footage		Garage Square Footage		Porch/Patio Square Footage		Total Square Footage	
Occupancy Type				Parking Requirement			
Bldg Height		Ceiling		Floor		Roof	
Exterior Walls		Interior Walls		Foundation		Length	
Width		No. of Stories, etc.		No. of Bedrooms		No. of Bathrooms	
Total Improvement Cost				Windstorm Insurance Packet (Signature/Initial)			

***NOTE: The City of Alvin does not perform windstorm inspections. It is the General Contractor's responsibility to hire an inspector appointed by the Texas Department of Insurance.**

FEE:	\$ _____
PLAN CHECKING FEE:	\$ _____
IMPACT FEE:	\$ _____
DRIVEWAY / APPROACH FEE:	\$ _____
TOTAL BILLING PERMIT FEE:	\$ _____

NOTICE

Separate permits are required for electrical, plumbing, heating, ventilation, and air conditioning. This permit becomes null and void if work or construction is suspended or abandoned for a period of 6 months at any time after work is commenced. This application to be accompanied by suitable drawings and specifications in duplicate for approval and if not for the erection of building or buildings or other type of structure. A plot plan indicating the location of building or buildings, etc., on said lot. All provisions of the building code, or other governing ordinances shall be complied with whether or not therein specified. I hereby accept all conditions herein above mentioned and certify that all statements herein recorded by me are true.

() SIGNATURE OF CONTRACTOR () OWNER () OR AGENT

BUILDING OFFICIAL _____	FOR OFFICE USE DATE _____
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