



Application for Permit

Please allow up to 3 business days for processing – You may fax app to 817-624-2154 or email to mdavis@riveroakstx.com

Project Address	Corner Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No	Through Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permit Type	Estimated Cost	

Property Owner	Address (if different)		
Phone #	City	State	Zip

Contractor/ Authorized Agent	Address		
Phone #	City	State	Zip

Description of Work: _____

Proposed: Side Yard Setback: ____/____ ft Rear Yard Setback: _____ ft Front Yard Setback: _____ ft

For City Use Only	Required: Side Yard Setback: ____/____ ft Rear Yard Setback: _____ ft Front Yard Setback: _____ ft
	Engineering Plans Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Development Plans Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Screening Fence Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A All easements in compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Set of plans attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Property in flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	OCCUPANCY USE: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____ Zoning: _____

ASBESTOS RULE: Before performing any renovation in a public building, building owners are required to survey and perform asbestos abatement for all asbestos-containing building material (ACBM) that could foreseeably be disturbed in the area to be renovated in accordance with these rules. The asbestos survey and abatement for the demolition and/or renovation shall be conducted by persons licensed in accordance with these rules, and according to the standards for removal.

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.

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 CITY DOES NOT VERIFY PROPERTY LINES; THAT IS THE RESPONSIBILITY OF THE OWNER IN ACCORDANCE TO THEIR RECORDED PROPERTY SERVEY.

PERMITS ARE NONREFUNDABLE.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

SIGNATURE OF OWNER (IF OWNER BUILDER) DATE

General Comments: _____

Application Accepted by: _____

Site Visit Scheduled: _____

PERMIT APPROVED _____
 BUILDING INSPECTOR/ BUILDING OFFICIAL DATE