



Application for Building Permit

Site Information:			Permit Number:	
Applicant/Owner/Business Name:				Date:
Permit address:		Subdivision:		Block:
				Lot:
County:		Total Value: \$_____		
		*Commercial Construction: (Cost of Materials & Labor) *Residential Construction: (Cost of Materials Only)		
Square Feet:	Occupancy:	Occupancy Load:	Zoning:	
Email:		Phone:		
Description of Work:				
Permit Type: (Please check the one that applies)				
<input type="checkbox"/> Electrical	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Fence	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Carport
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Garage Conversion	<input type="checkbox"/> Patio Cover	<input type="checkbox"/> *Inground	<input type="checkbox"/> Fire Pit
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Model Conversion	<input type="checkbox"/> Patio Deck	<input type="checkbox"/> *Above-ground	<input type="checkbox"/> Fire Place
<input type="checkbox"/> Gas	<input type="checkbox"/> Commercial Conversion	<input type="checkbox"/> Flatwork	<input type="checkbox"/> *Spa or Hot Tub	<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> New Building	<input type="checkbox"/> Re-Brick	<input type="checkbox"/> Foundation	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Temporary Activity
<input type="checkbox"/> Addition/Remodel	<input type="checkbox"/> Irrigation System	<input type="checkbox"/> *Repair	<input type="checkbox"/> Screen Wall	<input type="checkbox"/> Temporary Sales
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Grading	<input type="checkbox"/> Demolition	<input type="checkbox"/> Flag Pole	<input type="checkbox"/> Seasonal Sales
Sign Permit: (Please check the one that applies)				
<input type="checkbox"/> Attached Sign		<input type="checkbox"/> Freestanding Sign		<input type="checkbox"/> Banner Sign
				<input type="checkbox"/> Other Sign
Length:	Width:	Height:		
Sign Message:				
Contractor:				
Contractor:			Phone:	
Address:			Email:	
Electrician:			Phone:	
Address:			Email:	
Plumber:			Phone:	
Address:			Email:	
Mechanical:			Phone:	
Address:			Email:	
Irrigation:			Phone:	
Address:			Email:	
I understand that a Certificate of Occupancy will be issued only when the building and premises comply with the City of Sachse Code of Ordinances and the law of the State of Texas.				
I confirm that all construction conforms to Section R320 of the International Residential Code or to Section 2304.11.6 of the International Building Code.				
Print Name:			Signature:	