



BUILDING PERMIT APPLICATION

City of Alice

PO Box 3229 (500 E. Main St.) Alice, TX 78333

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DIG TESS (800)344-8377

JWCAD # _____ 2003 INTERNATIONAL CODES & 2002 NATIONAL ELECTRIC CODE Permit # _____

Construction Address			Suite # or Apt./ Bldg. #	Date
Lot	Block	Subdivision/tract	Fax # (point of contact):	
			Email Address:	
Owner	Address		City, State, Zip	Phone
Tenant	Address		City, State, Zip	Phone
Contractor	Address		City, State, Zip	Phone
Engineer	Address		City, State, Zip	Phone
Architect	Address		City, State, Zip	Phone
Use of Building/Tenant Space: Residential <input type="checkbox"/> Commercial <input type="checkbox"/>			Number of floors	1st SqFt: _____ 2nd SqFt: _____
Value of Construction \$ _____		Fees Due: \$ _____		Fees Paid: \$ _____
Work Use (check one)				
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	Sq Ft Living Area: _____
<input type="checkbox"/> New Construction Shell	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Accessory Bldg.	<input type="checkbox"/> Demolition	Sq Ft Garage: _____
<input type="checkbox"/> Sign	<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Subdivision sidewalks	<input type="checkbox"/> Flat Work	Total Sq Ft: _____
<input type="checkbox"/> Remodel			<input type="checkbox"/> Flood Plain	Re-bar Slab <input type="checkbox"/> Cable Slab <input type="checkbox"/> Piers <input type="checkbox"/>
				All Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Work: _____				
TX Residential Construction Commission: Builder's Registration #: _____ New Home Registration: Yes <input type="checkbox"/> No <input type="checkbox"/>				
TLDR EAB# for commercial projects _____				
An asbestos survey has been conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit for a commercial and/or public building being issued by the City of Alice. <input type="checkbox"/> Yes <input type="checkbox"/> No KNOX BOX Yes				
NOTICE	*Separate permits are required for electrical, plumbing, and air conditioning.			
	*Permit Owner will be responsible for disposing of construction debris to an acceptable disposal site.			
	*A building permit becomes null and void if work or construction authorized is not commenced within six months or if construction or work is suspended or abandoned for a period of six months at any time after work is commenced.			
	*Applicant is the owner and/or has the owner's consent to do the requested work			
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law 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 provision of any other state or local ordinances regulating construction or the performance of construction.				
Printed Name of Applicant			Signature x	
Printed Name of Contractor or Authorized Agent			Signature x	
Printed Name of Homeowner (If owner is builder)			Signature x	

CITY USE ONLY

	DATE	APPROVAL	DISAPPROVAL	COMMENTS
Zoning				
Building Inspection				
Plumbing Inspection				
Electrical Inspection				
Public Works				
Fire Prevention				
Engineering				
Health Dept.				
Community Services				
JWC Appraisal District				

BUILDING

ALTERATION

Show N O R T H arrow on (PLOT PLAN)

LOT SIZE:

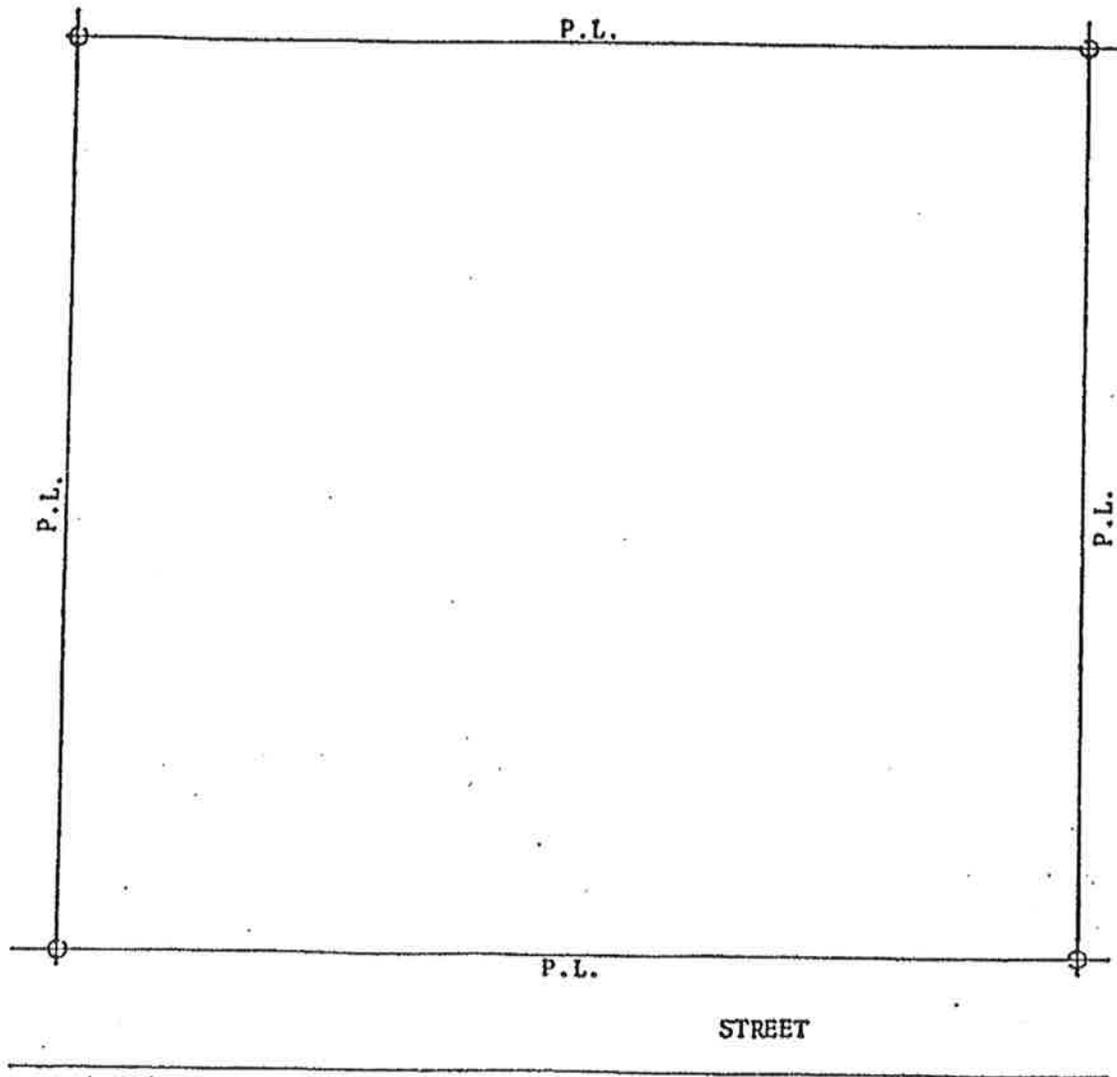
1. Width of lot _____, 2. Length of lot _____,

BUILDING SETBACKS:

1. Front _____, 2. Right side _____, 3. Left side _____, 4. Back _____

SHOW _____ FOR EXISTING

SHOW ----- FOR ALTERATION



P L O T P L A N