

Application for Building Permit

303 W. Bursleson, Marshall, Texas 75672 Phone: (903)935-4455
P.O. Box 698, Marshall, Texas 75671 Fax: (903)935-4428



Permit No.: **BL-201 -**

Date: _____ / _____ / _____

Cost of Project: \$ _____
(Labor and Material)

Job

Description: _____

_____ Total Sq. Footage – (Under Roof) _____

Property:

Property Address: _____

Owner/Company Name: _____

Contractor:

Company Name: _____

Company Address: _____

Contact Person: _____ Phone: _____

Mobile Phone: _____ Fax: _____

Contractor's State Registration Number: _____ Expiration Date: _____

Contractor Insured/Bonded: Yes (*Attach Copy with Application.*) Submitted with Plan Review No N/A (Property Owner)

State AB Project No. _____
(Architectural Barrier-Handicap Accessibility Review is required for all Commercial Construction or Remodel over \$50,000 before permit issued)
Attach a copy of this review with this Application. For more information call TDLR (1-877-278-0999) or visit website: www.license.state.tx.us
 Submitted with Plan Review N/A

Asbestos Survey Report – Dated: _____
(Asbestos Survey required for all commercial remodeling or demolition.)
Attach copy of survey with this Application. For more information call TDH At 1-800-572-5548 or visit website: www.dshs.state.tx.us/asbestos
 Submitted with Plan Review N/A

Work Type: New Construction Addition/Alteration Replacing/Repairing Demolition Conversion Other
Occupancy Type: Non-Residential Single Family Duplex-Triplex Multi-Family Other _____
Occupancy Group: Assembly Business Educational Factory-Industrial Hazardous
 Institutional Mercantile Residential Storage Other _____
Building Type: Type I (Concrete) Type II (Metal) Type III (Wood/Brick/Masonry) Type IV (Heavy Industrial) Type V (Residential Wood Frame)

Setbacks Approved Zoning Approved N/A FEMA Floodplain Requirements Approved Meets Minimum Drainage N/A
_____, Planning Director Signature _____, City Engineer Signature

Subcontractor Information: (Read each statement and initial. Enter company or name of contractor if known and applicable.)

_____ I understand that all electrical work must be permitted & completed by a *State Licensed Electrical Contractor*
Contractor: _____
_____ I understand that all plumbing work must be permitted & completed by a *State Licensed Plumbing Contractor*
Contractor: _____
_____ I understand that all mechanical work must be permitted & completed by a *State Licensed Mechanical Contractor*.
Contractor: _____

In making this application, I or we profess to be familiar with all ordinances, rules and regulations of the City of Marshall relating to building and premises. I agree to abide by all regulations and the lawful decision of the Building Official. I shall not alter or change the accompanying plans, specifications, or this application without the approval of the Building Official. Any such violation or misrepresentation made by me can constitute sufficient grounds for revocation of such permit or estoppel of work.

I UNDERSTAND THAT I AM RESPONSIBLE FOR CALLING (24 HOURS IN ADVANCE) FOR REQUIRED INSPECTIONS – FOUNDATION-FRAMING-WALLS AND FINAL. All construction must be in compliance with the 2009 International Building Code, 2009 International Residential Code for One and Two Family Dwellings, 2009 Existing Building Code, 2009 International Fire Code, 2009 International Plumbing Code, 2009 International Mechanical Code, 2009 International Fuel Gas Code, and the 2008 National Electrical Code. For more information visit the International Code Counsel: www.icc.org

Signature Contractor/Agent: _____

All Required Documentation has been submitted, reviewed, and approved. Building Permit may be issued.

City Official Signature

Permit Fee \$ _____
Plan Review Fee \$ _____
Total \$ _____
Method: Cash Check Charge
Check #: _____
Receipt #: _____

Mark Paid Here.

This Permit Expires in 180 Days or when work is complete.