



Residential Permit Application

401 S. Alamo St., Marshall, TX
PO Box 698, Marshall, TX 75671
P: (903) 935-4455
Fax: (903) 935-4409

Permit #:	_____			Date:	_____		
Plans Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Electric:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp				
Plumbing:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp				
Mechanical:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp				
General:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp				

THIS APPLICATION IS FOR THE NEW CONSTRUCTION OR RENOVATION OF ONE AND TWO FAMILY DWELLINGS.

Single Family Detached

Duplex

Townhome

New Construction

Interior Remodel

Exterior Remodel / Addition

Job Address: _____ Total Valuation of Work: _____

Property Legal Description: _____ Subdivision: _____

Lot: _____ Block: _____ Lot Size: _____ Zoning: _____ Flood Zone: _____

Construction Type: _____ Occupancy Classification: _____

Description of work: _____

Dwellings: _____ # Stories: _____ # Bedrooms: _____ # Bathrooms: _____

Overall Height of Building (ft): _____ Exterior Building Material: _____ % Masonry: _____

Total Sq Ft of Building: _____ Sq Ft per floor: 1st _____ 2nd _____ 3rd _____

Garage Sq Ft: _____ Patio/Porch Sq Ft: _____ % of building coverage on lot: _____ Remodel Sq Ft: _____

Foundation Type: Slab (rebar) Slab (cable) Pier and beam

Type of Garage Entry: Front Side Rear Alley

Type of Bearing Wall Construction: Wood Frame Structural Steel Concrete/Masonry

Type of Framing: Conventional Truss

Contact person: Applicant Property Owner Contractor

Name of applicant _____ Phone _____

Email _____

Property Owner

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contractor

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Fax _____ E-mail _____

Electric

Valuation of Work: _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Plumbing

Valuation of Work: _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Mechanical

Valuation of Work: _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Note: All property must be properly platted, zoned, and all required public improvements either installed or addressed prior to issuance of a building permit. Note that an engineer, when required by the Texas Engineering Practice Act, must seal plans.

COMPLETE BACK SIDE OF APPLICATION

Utilities:

A. Water:

New

Existing

City of Marshall** Meter Size Requested: _____

Private Well (existing only)

Other: _____

B. Sewer:

New

Existing

City of Marshall** Tap Size Requested: _____

Septic, Leach Field (existing only)

Septic, Aerobic System (existing only)

*****New Installations shall pay meter, tap, water and sewer impact fees.***