

City of McLendon-Chisholm

(972) 524-2077 1371 West FM 550
McLendon-Chisholm, Texas 75032

Residential Building Permit Application

Building Permit Number: _____		Valuation: _____	
Project Address: _____			
Lot: _____	Block: _____	Subdivision: _____	
Project Description:	NEW SFR <input type="checkbox"/>	SFR REMODEL/ADDITION <input type="checkbox"/>	SPECIFY OTHER: _____
	PLUMBING <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>
FENCE <input type="checkbox"/>	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	SWIMMING POOL <input type="checkbox"/>
Description of Work:			
Area Square Feet: _____		Covered _____	
Living: _____	Garage: _____	Porch: _____	Total: _____
			Number of stories: _____

Owner Information:		
Name: _____	Contact Person: _____	
Address: _____		
Phone Number: _____	Fax Number: _____	Mobile Number: _____

General Contractor	Contact Person	Phone Number	Contractor License Number
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number
Electrical Contractor	Contact Person	Phone Number	Contractor License Number
Plumber/Irrigator	Contact Person	Phone Number	Contractor License Number

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. Separate permits may be required for electrical, plumbing, and heating/air condition. All permits require final inspection.

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 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.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by: _____	Date approved: _____	
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Building Permit Fee: _____
 Plan Review Fee: _____
 Electrical Permit Fee: _____
 Mechanical Permit Fee: _____
 Plumbing Permit Fee: _____
 OSSF Permit Fee: _____
 Deposit: _____

Total Fees: _____
 Issued Date: _____
 Issued By: _____

Permit # _____



CITY OF McLENDON-CHISHOLM

**Application for Review of an Existing
On-Site Sewage Facility**

Property Owner's Name: _____

Mailing Address: _____

Home Telephone: _____ Alternate Phone: _____

SITE ADDRESS: _____

Type of OSSF System: ___ Aerobic ___ Conventional

Describe Type of work to be done: (Ex: installing pool and/or pool house)

Reason for review: _____

Work to be done by: _____

Contact Name: _____ Contact Phone: _____

Please include the following when making application:

- ___ Any and all AVAILABLE Original System Designs and Plans
- ___ **Scaled Site Diagram** to include all buildings, wells, structures, landscaping, slopes, property lines, swimming pools and Sprinkler/disposal area
- ___ Fee of \$50.00 per application

I hereby request a pool permit review with an existing On-Site Sewage Facility.

Signature

Date Submitted