

# 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: _____

<b>General Contractor</b>	Contact Person	Phone Number	Contractor License Number
<b>Mechanical Contractor</b>	Contact Person	Phone Number	Contractor License Number
<b>Electrical Contractor</b>	Contact Person	Phone Number	Contractor License Number
<b>Plumber/Irrigator</b>	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 # \_\_\_\_\_