



City of Dripping Springs

P.O. Box 384, Dripping Springs, TX 78620 Physical
Address - 511 Mercer Street, 512-858-4725

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"/>
	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	SWIMMING POOL <input type="checkbox"/>
Description of Work: _____			
Area Square Feet: _____			
Living: _____	Garage: _____	Porch: _____	Total: _____ Number of stories: _____

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

General Contractor	Contact Person	Phone Number/Email	Contractor License Number
Mechanical Contractor	Licensed Contractor	Phone Number	Contractor License Number
Electrical Contractor	Licensed Contractor	Phone Number	Contractor License Number
Plumber/Irrigator	Licensed Contractor	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 are 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: _____

FOR OFFICE USE ONLY

Building Permit Fee: _____	Total Fees: _____
Public Sewer/ OSSF: _____	Issued Date: _____
Driveway Permit Fee: _____	Issued By: _____
Sewer Connection Fee: _____	

ZONING DISTRICT (if in the City Limits) _____ BV Project # _____

HISTORIC DISTRICT OVERLAY Yes _____ No _____

If yes, which District? _____