

RESIDENTIAL Building Permit Application

BUILDING PROJECT	F INFORMATION		
Project Address:		Lot & Block:	
Subdivision/Zoning:		Total Square Foot:	
□ NEW	REMODEL	ADDITION	Other:
Plumbing	Mechanical	Electrical	
Scope of Work:			
Is property in an Histori	c District?		
If Yes, What District?			
APPLICANT INFORM	MATION		
Contact Person:			
Phone Number:			
Email:			
OWNER INFORMAT	ION (leave blank if same as above)	
Contact Person:			
Phone Number:			
Email:			
GENERAL CONTRA	CTOR INFORMATION (leave b)	lank if same as above)	
Company Name:			
Contact Person:			
Phone Number:			
Email:			

SUBCONTRACTOR INFORMATION

	MECHANICAL	ELECTRICAL	PLUMBING
Company:			
Licensed Contractor:			
Phone Number:			
License Number:			

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.

___ DATE: ___

For Office Use ONLY				
ICC Valuation:	BLDG Permit Fee:			
D.S. Issued Permit #:	Driveway Fee:			
B.V. Issued Project #:	Sewer Impact Fee:			
	TOTAL Permit Fees:			

Revised 3.16.18

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384 • Dripping Springs, TX 78620 512.858.4725 • www.cityofdrippingsprings.com