

FEES DOUBLE IF WORK IS PERFORMED WITHOUT PERMIT BEING ISSUED



NON-TRANSFERRABLE
NO REFUNDS
EXPIRES IN 180 DAYS

Application date : _____

Permit #: _____

RESIDENTIAL APPLICATION FOR BUILDING PERMIT

(Check All That Apply) / (Please Print or Type)

New Construction Interior Remodel Exterior Remodel Addition

Asbestos Floodplain SQFT _____ (Other) _____

Description of Work: _____ Valuation: _____

1. Applicant Information

Name: _____ Phone: _____

Address: _____
Street City State Zip

Email Address: _____

2. Property Owner Information (if different than Applicant)

Name: _____ Phone: _____

Address: _____
Street City State Zip

Email Address: _____

3. Project Information

Address: _____
Street City State Zip

Lot: _____ Block: _____ Subdivision: _____

4. Terms and Conditions

All construction must be completed in accordance with Santa Clara's Ordinances.

The Applicant hereby acknowledges and agrees to be strictly bound to the provisions, conditions and requirements of the City of Santa Clara, attached to the issuance of the building permit(s), and such will be faithfully and fully complied with.

The Applicant understands that the Planning Commission or its authorized agent, may make scheduled or unscheduled inspections of the property upon the issuance of the permit. The Applicant acknowledges that the construction site must be inspected during and after construction is finished. If the Applicant is a corporation, partnership or other legal entity other than a natural person, then the undersigned acting as the authorized representative of said entity will be responsible for ensuring the entity's compliance with all provisions, conditions and requirements of the permit.

The Applicant is responsible for any necessary utility locations within the construction site area.

THE CITY OF SANTA CLARA HEREBY DISCLAIMS ALL REPRESENTATIONS AND WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT.

In no way does the City of Santa Clara's issuance of a permit constitute an endorsement or warranty of the Applicant or the quality of the Applicant, Applicant's officer, agent or employee's workmanship.

ATTACH PROOF OF VALUE OF CONSTRUCTION/IMPROVEMENT AND SITE PLAN OR SURVEY SHOWING THE PROPOSED WORK TO BE DONE FOR PRELIMINARY REVIEW, MORE DETAILED DRAWINGS MAY BE REQUIRED BEFORE A PERMIT CAN BE ISSUED.

RAF- 12-2018 dlw

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I _____, the undersigned, have carefully reviewed this application and my answers to all questions. To the best of my knowledge, the answers are all true and correct.

Property address: _____

SIGNATURE of Applicant _____ Date _____

(Office Use Only)

5. Approved Denied Date _____

SIGNATURE of Authorized Agent of the City of Santa Clara _____

NOTES: _____

Contact City Hall for Inspection(s):

By Phone (830) 914-4443

By Mail P.O. Box 429

In Person 1653 N. Santa Clara Rd.

Mayor Email address: mayor@ciSantaClaraTX.us

City Secretary Email address: SantaClaraTX@yahoo.com

Office Hours: Monday – Friday 9:00 AM – 2:00 PM

(Office Use Only)

6. Inspections **Fees (\$):** _____

SITE INSPECTION

Date: _____ Approved By: _____ Re-Inspection

Date: _____ Approved By: _____ Re-Inspection

Inspection Notes _____

FINAL INSPECTION

Date: _____ Approved By: _____ Re-Inspection

Date: _____ Approved By: _____ Re-Inspection

Inspection Notes _____

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