

BUILDING PERMIT APPLICATION CITY OF MASON

Job Address:			
Legal Descr.	Lot No.	Block	Subdivision
Property Owner		Mail Address	City, State Zip
Home Phone		Cell Phone	Fax Number
Building Contractor		Mail Address	City, State Zip
Office Phone		Cell Phone	Fax Number Email
Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Moving		Cost of Construction:	
Description of Work:			
Square Footage: First Floor _____ Second Floor _____ Total _____ Garage _____ Covered patio / Porch _____ Total Under Roof _____			

Required Submittals

<input type="checkbox"/> 1 - Complete set of construction plans <input type="checkbox"/> 1 - Site plan showing existing and proposed structures <input type="checkbox"/> Asbestos survey if any demolition in non-residential bldg.	<input type="checkbox"/> Energy Code Report for new construction or additions to existing buildings with heat or air conditioning (Rescheck or Comcheck) <input type="checkbox"/> Commercial Construction over \$50,000 TDLR# _____
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Plumbing Contractor	Mail Address	City, State	Zip
Office Phone	Fax Number	Contact Name	Cell Phone

Electric Contractor	Mail Address	City, State	Zip
Office Phone	Fax Number	Contact Name	Cell Phone

Mechanical Contractor	Mail Address	City, State	Zip
Office Phone	Fax Number	Contact Name	Cell Phone

Notice

ALL PERMITS REQUIRE A FINAL INSPECTION

This permit becomes null and void if work or construction 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.

I hereby certify that I have read and examined this application and know the same to be true and correct. The granting of this permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent

Date

Office Use Only

Date Received: _____