

CITY OF ALMA, TEXAS
CONSTRUCTION PERMIT APPLICATION

PLEASE PRINT OR TYPE Date: _____ / _____ / _____

Project Address: _____

Business Name: _____

Owner Name: _____ Phone #: _____

Owner Address: _____

Owner City/St/Zip: _____

Contractor: _____ Phone #: _____

Contractor Address: _____

Contractor City/St/Zip: _____

Sub-Contractors: Electrical: _____ Phone #: _____

Plumbing: _____ Phone #: _____

HVAC: _____ Phone #: _____

Type of Permit Requested: _____ Reason: _____

Total Square Footage: _____ Total Valuation of Work \$ _____

Commercial / Public Buildings:

TDLR Registration Required? Yes** _____ (for projects \geq \$50,000) TDLR Project No. _____

**If yes, please provide TDLR AB Project Confirmation Page.

Asbestos Survey Required? Y N Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP)? Yes _____ No* _____

Date of Survey: _____ / _____ / _____ TDH Inspector License No. _____. *If the answer is No, then as the owner / operator of the renovation / demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation / demolition permit being issued by the City of Ennis.

Applicant Print Name: _____

Applicant Signature: _____ **Date:** _____

Signature indicates the Applicants willingness to comply with the Codes of the City of Alma as well as verifies that listed Sub-contractors are being used to do work. Signature also verifies that the Applicant has received any necessary instructional sheets. The City of Alma accepts all plats and/or plat plan information as presented upon application for permit (unless personal knowledge of an Inspector warrants additional investigation). The City of Alma is not responsible for any encroachments caused by misrepresentation, intentional or accidental, by the Applicant. Signature also indicates that Applicant, on their own or as a representative of the Owner, agrees to obtain a Certificate of Occupancy, or a Temporary (30 Day) Certificate of Occupancy PRIOR to occupying the building and understands that failure to obtain a CO shall result in progressive action by the City which could include charges being filed in Municipal Court. **Permit Fees are not re-fundable. Construction associated with this permit must commence within 180 days of issuance or the permit shall be voided and re-application and payment of fees must occur.**

*******BELOW TO BE COMPLETED BY CITY STAFF *******

Property #: _____

Property Legal Description: Addition: _____ Block: _____ Lots: _____

Type of Permit Issued: _____ Reason: _____ Type of Construction: _____

Zoning District: _____ Setbacks: F _____ S _____ R _____

FIRM Designation: _____ Building Occupancy: _____ Grp: _____

Building Type: _____ Sq. Ft. due to this Permit: _____ @ \$ _____ per sq. ft. +

\$ _____ per sq. ft. for fire spklr. = Permitting Value: _____

Permit Fee: _____ Pay Method: _____

PERMIT ISSUED BY: _____ **DATE:** _____ / _____ / _____