

COMMERCIAL & RESIDENTIAL BUILDING PERMIT APPLICATION

PROPERTY INFORMATION					
ADDRESS OF Job Site					
	Street number	Street name	Suite	number	
Block	_ Lot	SUBDIVISION			
PROPERT	TY OWNER INFORI	MATION	CONTRACTOR INFORMATION	ON	
		1			
Property Owner			Business Name of Contractor	Business Name of Contractor	
		1			
Street Address of Property Owner			Street Address of Contractor		
	City/State/Zip		City/State/Zip		
Phone Number		Cell Number	Phone Number	Cell Number	
	Email	1	Email		
COMMERCIAL			☐ New construction/addition		
RESIDENTIAL			Remodel or repair		
	No. of Stories	Total sq. Ft	Zoning		
No. of Dwell	ling Units T	Type of Const.	Estimated Value of Work		
General Description:					
SEPARATE PERMITS AR	F REQUIRED FOR E	I FCTRICAL PLUMBING.	HEATING, VENTILATING OR AIR CONDITIONAL.		
			ION AUTHORIZED IS NOT COMMENCED WITHIN	N 6 MONTHS, OR IF	
	VORK IS SUSPENED	DED OR ABANDONED F	FOR A PERIOD OF 6 MONTHS AT ANY TIME	E AFTER WORK IS	
COMMENCED.	ervo road and exami	ined this application and	I know the same to be true and correct. All pro	wisians of laws and	
			ether specified herein or not. The granting of		
presume to give author	ority to violate or	·	of any other state or local law regulating of	•	
performance of construction.					
The applicant below is t	the: Owner 🗌 🔾	Contractor Tenant	t Developer Architect Engine	eer 🗆	
Date	Applican	nt's Name (Print)			
Signature Contact Number					

PO Box 1949, Glen Rose, Texas 76043 • 254-897-9373 • email: codeenforcement@glenrosetexas.org • www.glenrosetexas.org