



BUILDING PERMIT APPLICATION

DEVELOPMENT SERVICES

GENERAL INFORMATION

Address/Location:

Legal Description:

Contractor:

Third Party Energy Inspector (if applicable):

Contact Number (Office):

Contact Number (Mobile):

Contact Email:

Property Owner:

TYPE OF PERMIT

Please check the appropriate box below:

Residential _____

Commercial _____

- | | |
|--|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Remodel |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Plan Review |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Air Conditioning & Refrigeration (Mechanical) | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Med Gas and Vacuum | <input type="checkbox"/> Landscape Irrigation |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Above & Underground Storage Tank |
| <input type="checkbox"/> Fire Protection Sprinkler | <input type="checkbox"/> Fire Alarm - Project Valuation |
| <input type="checkbox"/> Underground Fire Main | <input type="checkbox"/> Fire Extinguisher (Suppression) |

DESCRIPTION OF WORK

Square Footage of Project:

Commercial Project Valuation:

ADDITIONAL INFORMATION

- PDF copy of plans.
- PDF documents certifying compliance with the Energy Code and Texas Accessibility Standards (TAS) must accompany application.
- Permits will not be issued if any taxes, assessments, fees, city liens, or other debt owed to the City of Longview is outstanding.

Certification of Submitted Information

I hereby certify that the information provided is true and correct. Further, I understand that by receiving a permit from the City of Longview I acknowledge my responsibilities as outlined within the UDC for each contractor and permit type.

Applicant's Signature

Date