



City of Cleburne
Building Inspections

APPLICATION: BUILDING PERMIT [] CARPORT/AWNING [] GARAGE []
SIGN [] POOL [] FENCE [] DEMO [] STORAGE BLDG []

DATE: ___/___/___ WORK LOCATION _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____ Acres: _____

BUILDING Name: _____ Phone #: _____

CONTRACTOR: Address: _____ Zip: _____

OWNER: Name: _____ Phone #: _____

Address: _____ Zip: _____

WORK:

RESIDENTIAL: New _____ Remodel _____ Addition _____ Industrial Housing _____

COMMERCIAL: New Comm. _____ Remodel _____ Addition _____ Repair _____ TIFF # 2 _____

INDUSTRIAL: New Indust. _____ Remodel _____ Addition _____ Repair _____ TIFF # 1 _____

DESCRIPTION OF WORK: _____ VALUATION: \$ _____

SQ. FEET: (1ST Floor) _____ (2ND floor) _____ (TOTAL UNDER ROOF) _____

*****SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, AIR CONDITIONS, & APPROACHES*****

Electrician _____ Plumber _____ Mechanical _____

Concrete _____ Other _____

NOTE: IT IS THE OWNERS RESPONSIBILITY TO COMPLY WITH ANY DEED RESTRICTIONS, ADA REQUIREMENT, OR ASBESTOS SURVEYS THAT SHALL BE REQUIRED PRIOR TO CONSTRUCTION / DEMOLITION PERMIT. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

Signature _____ Name Printed _____ Date _____

Type of Construction _____ Engineering Review / Development Services Director _____ Date _____

Flood Plain Panel # _____ Y / N _____ Date _____
TIFF # 1 & # 2 _____ Zoning _____

Occupancy Classification _____ Building Official _____ Date _____

Fire Department _____ Date _____