



Building Permit Application

P.O. Box 637 Keene, TX 76059

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Residential

Commercial

Building Permit Number: _____ Valuation: _____

Project Name: _____ Square Foot: _____

Project Address: _____ Zoning: _____

Project Description: New Addition Remodel Finish out
 Sign Plumbing Mechanical Electrical Other

Scope of Work: _____

Owner Information:

Name: _____ Contact Person & Phone Number: _____

Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

Engineer	Contact Person	Phone Number	Email
Architect	Contact Person	Phone Number	Email
General Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Electrical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Plumbing Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>

A permit becomes null and void if work or construction authorized 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. All permits require final inspection.

A certificate of occupancy must be issued before any building is occupied.

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 or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY:

Public Works	Approved By: _____	Date: _____	F Marshal	Approved: _____	Date: _____
Water/Sewer	Approved By: _____	Date: _____	Building	Approved: _____	Date: _____

Total Fees: _____ Rec'vd By _____ Date Paid _____