

Permit Department 281- 983-2932 (9am-4pm M-F) Fax Number 281- 983-2940

Email: permits@cityofmeadowsplace.org

Building Permit Application

Application Date:	Permit #		
Job Address:	Lot	Block	Zone
Property Owner Mailing Add	dress:		Phone #:
Contractor:	Phone #		
Contractor Address:			
Email Address:			
Application for: Residential			
□ Remodel □ Build out □ Swimming Pool □ □ Foundation / Piers □ Other	Addition 🗆 D	Driveway/Flatwork	Demolition
Description of Work / Use of Building:			
Dumpster: Yes No Request for dumpster (in driveway only) must be made by separate notification stating how long dumpster will be in place. Contact number for onsite dumpster :			
New or Additional Roof : \Box Yes \Box No Interior walls moved or altered: \Box Yes \Box No	•	lectrical work: ectrical fixtures relo	es □ No ocated □ Yes □ No
Number of square feet in: Building	Patio	Garage	
Driveway Porches	Lineal Ft. in Sid	dewalks	
Total Project Cost \$			
This property has been surveyed and meets the regulatory requirements for asbestos. \Box Yes \Box No			
Energy Code Certification attached Yes No			
I VERIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.			
No Refund after permit is issued. This application/permit is non-transferable			
Print Name	Date		
A permit to work becomes null and void if work or con construction or work is suspended or abandoned for			
Signature			
NOTICE SEPARATE PERMITS ARE REQUIRED FOR DRIVEN ELECTRICAL, MECHANICAL, PLUMBING, HEATING, OR VENT COSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 M PERIOD OF SIX MONTHS AT ANY TIME AFTER WORK IS COMM APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HERE	ILATING. THIS PE ONTHS, OR IF CON ENCED. I HEREBY (ALL PROVISIONS)	CRMIT BECOMES NULL STRUCTION IS SUSPEND CERTIFY THAT I HAVE	AND VOID IF WORK OR DED OR ABANDONED FOR A READ AND EXAMINED THIS