



6800 Main Street, The Colony, TX 75056  
Phone 972-624-3158

### Miscellaneous Permit Application

Permit #:	_____			Date:	_____
Disk Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electric:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp	<input type="checkbox"/> Lic exp	
Plumbing:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp	<input type="checkbox"/> Lic exp	
Mechanical:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp	<input type="checkbox"/> Lic exp	
General:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp	<input type="checkbox"/> Lic exp	

**THIS APPLICATION IS FOR PERMITS THAT ARE NOT COVERED UNDER ANY OTHER APPLICATION.**

*Incomplete application and/or submittal will delay the review process.*

**\*\*Three (3) full sets of plans AND an electronic .pdf, .jpg or .tif formatted disk of the plans are required to be submitted with application.**

**\*\*If electronic version is not provided, archiving fees will be assessed.**

Commercial       Residential

- Moving
- Tree Removal
- Commercial Demolition
- Other: \_\_\_\_\_

Job Address: \_\_\_\_\_

Description of work: \_\_\_\_\_ **Total valuation of work:** \_\_\_\_\_

**Contact person:**  Applicant     Property Owner     Contractor

Name of applicant \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Property Owner**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Electric**

**Valuation of Electric Work:** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Plumbing**

**Valuation of Plumbing Work:** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mechanical**

**Valuation of Mechanical Work:** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has an asbestos survey been performed?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<input type="checkbox"/> I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished.		

*I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances, and regulations.*

Applicant / Agent Name (PRINT) \_\_\_\_\_

Applicant / Agent Signature \_\_\_\_\_ Date \_\_\_\_\_