

\*Note: Please allow (10) Day Minimum for permits

ADDRESS: 420 N. TOWER RD. • ALAMO, TX 78516  
PHONE (956) 787-0006 • FAX (956) 283-8855



### BUILDING PERMIT APPLICATION

PERMIT NO.: \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

OWNER: _____	PHONE NO. (____) _____ - _____
ADDRESS: _____	MOBILE NO. (____) _____ - _____
CITY: _____	STATE _____ ZIP _____
LOT(S): _____ BLOCK: _____	SUBDIVISION: _____
SITE ADDRESS: _____	* IMPROVEMENT VALUE: \$ _____

GENERAL CONTRACTOR _____	PHONE NO. _____
ADDRESS _____	(____) _____ - _____
CITY, STATE & ZIP _____	(____) _____ - _____
DESCRIPTION OF WORK _____	

NEW     ADDITION     REMODEL     REPAIR     SIGN  
 MOVING     FENCE     DRIVEWAY     DEMOLITION

**PLEASE CHECK ONE:** RESIDENTIAL  MULTI-FAMILY  COMMERCIAL  INDUSTRIAL

TOTAL BLDG SQ. FT _____	SQ. FT LIVING _____	#PARKING SPACES _____	SQ. FT LOT _____	LOT FRONT _____	FLOOR ELEVATION ABOVE SEA LEVEL _____
<b>RESIDENTIAL USE ONLY</b>	NO. OF UNITS _____	NO. OF BDRMS _____	NO. OF BATHRMS _____	SQ. FT CARPORT /GARAGE _____	

FOUNDATION	EXTERIOR WALLS	ROOF	OTHER CONDITIONS
<input type="checkbox"/> CONCRETE SLAB	<input type="checkbox"/> WOOD FRAME <input type="checkbox"/> MASONARY BLOCK	<input type="checkbox"/> WOOD SHINGLES	<input type="checkbox"/> PUBLIC SIDEWALK
<input type="checkbox"/> WOOD FLOOR	<input type="checkbox"/> BRICK <input type="checkbox"/> METAL	<input type="checkbox"/> COMPOSITION	<input type="checkbox"/> CORNER LOT
<input type="checkbox"/> OTHER	<input type="checkbox"/> STUCCO <input type="checkbox"/> OTHER	<input type="checkbox"/> METAL	<input type="checkbox"/> CUL-DE-SAC
	<input type="checkbox"/> WOOD SIDING	<input type="checkbox"/> CLAY TILE	<input type="checkbox"/> OTHER

**DEPARTMENTAL USE ONLY (COMMENTS):**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date