



Building Permit Application

Phone (817) 952-2140
Fax (817) 952-2211
Inspection request Line (817) 952-2155

Date Received:

| | | | |
|--|------|------------|------------|
| Job Address | | | Suite |
| Block: | Lot: | Addition: | |
| Applicant: <input type="checkbox"/> Contractor <input type="checkbox"/> Home and/or Property Owner | | | |
| Property Owner/Tenant Name | | | Phone |
| Contractor Name | | | Phone |
| Address | | City/State | Zip |
| | | | Alt. Phone |

| | |
|--|---|
| <input type="checkbox"/> New Residential | <input type="checkbox"/> New Commercial |
| <input type="checkbox"/> Residential Remodel | <input type="checkbox"/> Commercial Remodel |
| <input type="checkbox"/> Accessory Building (Storage Bldg, etc.) | <input type="checkbox"/> Lease Space Finish Out |
| <input type="checkbox"/> Garage (Detached) | <input type="checkbox"/> Other (Specify in Description) |

| |
|---|
| Will this be a Group Home or Community Home? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Applicant shall submit plans for review with one complete copy of all Department of Aging and Disability applications.</u> |
| <u>Applicant shall complete Group/Community home registration with the City prior to issuance of a building permit.</u> |

| | | | | | | |
|---------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|------|
| Description of Work | | | | | Value of Work | |
| | | | | | \$ | |
| Square Feet | Occupant Load | Setbacks: | Front | Left | Right | Rear |
| # of Baths | # of Mech Units | Center Lot | Corner Lot | T-Pole | Temp Elect & Gas | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | |
|---|---------------------|
| Commercial projects over \$50,000 shall require a Texas Department of Licensing & Regulation (TDLR) project number. | TDLR Project Number |
|---|---------------------|

The issuance or granting of a permit shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of this code or of any other ordinance of the City of Bedford. Permits obtained shall not give authority to violate health and safety violations. The issuance of a permit based on construction documents and other data shall not prevent the building official from requiring the correction of errors in the construction documents and other data. I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or the duly authorized agent.

| List Sub-Contractors For This Project | Registered? | Fee |
|---|-------------|-----|
| General Contractor | Yes No | \$ |
| Cement Contractor | Yes No | \$ |
| Mechanical Contractor | Yes No | \$ |
| Electrical Contractor | Yes No | \$ |
| Plumbing Contractor | Yes No | \$ |
| <input type="checkbox"/> Submit application and pay by cash, check or credit card in person. | Total: | \$ |
| <input type="checkbox"/> One time charge on my credit card. Application by fax or mail. (credit card payment form required) | | |

Permission is hereby granted to enter the premises and make all inspections

| | |
|------------------------|-------|
| Applicant Name (Print) | |
| Applicant Signature | Date: |

Office Use

| | |
|--------------------------|-------|
| Approval to Issue Permit | Date: |
|--------------------------|-------|