

CITY OF CRYSTAL CITY
APPLICATION FOR BUILDING PERMIT
PERMIT # _____

ADDRESS _____

SUBDIVISION _____ LOT/BLOCK _____

OWNER (NAME & ADDRESS) _____

BUILDER/CONTRACTOR (NAME & ADDRESS) _____

SUB-CONTRACTOR _____

PHONE NUMBER _____ FAX NUMBER _____

PROPOSED USE: RESIDENTIAL COMMERCIAL OTHER TDLR# _____
 NEW CONSTRUCTION ALTERATION REPAIR

VALUE \$ _____	BASE FEE _____
FOUNDATION _____	
WALL _____	
ROOF _____	
STORIES _____ HEIGHT _____	
FENCE _____	
SQUARE FOOTAGE _____	
CERTIFICATE OF OCCUPANCY (CO)	FEE _____
INSPECTIONS (ROUGH IN, RE-INSPECTIONS, FINAL)	FEE _____
TOTAL FEES _____	

****The undersigned applicant hereby declares that the above facts are true and correct and that the construction proposed herein will be performed in conformity with existing regulations as pertain to building and zoning as passed by the City Council of the City of Crystal City, Texas. MUST MEET CODES. SUBJECT TO FIELD INSPECTIONS.****

APPLICANT SIGNATURE _____ DATE _____

APPROVED _____ PLAN REVIEW DATE _____

INSPECTOR'S STAMP