

CITY OF ANDREWS-----BUILDING PERMIT APPLICATION

Date _____

Applicants Name _____ Address _____

Legal Property Owner's Name _____ Signature _____

Phone No.: _____ Email: _____

New Construction Address _____

Legal Description: Lot _____ Block _____ Addition _____

Type of Construction: Residential Commercial Industrial **IS THIS YOUR HOMESTEAD?** YES NO

Total Square Feet (under roof) _____ Total Living Area _____ **IS THIS A RENTAL PROPERTY?** YES NO

Description of Project:	<input type="checkbox"/> Home <input type="checkbox"/> Carport (no walls)	<input type="checkbox"/> Storage Building <input type="checkbox"/> Detached Garage	<input type="checkbox"/> Shop Building <input type="checkbox"/> Other _____	<input type="checkbox"/> Commercial Offices
Features:	No. of Rooms _____ Attic Storage _____	No. of Bathrooms _____	No. of Stories _____	Basement _____
Amenities:	Water (3/4" _____ or 1" _____) Sewer Tap _____ Electric _____	Central A/C / Heat _____ Water Well _____ Septic System _____	Natural Gas _____ Conventional _____	
Foundation	Wall Support	Roof Support	Ext. Finish	Interior Floor:
CONT. CONCRETE _____	WOOD _____	WOOD _____	WOOD SIDING _____	PIER & BEAM _____
CONCRETE PIERS _____	STEEL _____	STEEL _____	MASONITE _____	CONC. SLAB _____
MASONRY PIERS _____	CONCRETE BLK. _____	CONCRETE _____	ASBESTOS _____	HARDWOOD _____
WOOD PIERS _____	POURED IN PLACE _____	TRUSS _____	STUCCO _____	SUB. _____
TIE DOWNS (MH) _____	TILT CONCRETE _____		METAL _____	
	Wall Finish	Roofing Material	BRICK _____	
	FIBER BOARD _____	COMP. SHINGLES _____	VINYL _____	
	SHEET ROCK _____	WOOD SHINGLES _____	ALUMINUM _____	
	PANELING _____	BUILT UP _____	STONE _____	
	PLASTER _____	METAL _____		

VALUE OF CONSTRUCTION (MATERIAL & LABOR) \$ _____

Plans are: Sealed Not Sealed by an Architect or Engineer

Setbacks and Elevation:

25' from front Property Line?: <input type="checkbox"/> YES <input type="checkbox"/> NO	5' from Side Property Line?: <input type="checkbox"/> YES <input type="checkbox"/> NO
10' from Side Street Property Line?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Building Elevation (6" above highest curb on lot?): <input type="checkbox"/> YES <input type="checkbox"/> NO

Lot: Paving _____ Curb & Gutter _____ Util. Pro Rata _____ Taxes Current _____ Lot is Platted _____

Fire Prevention: Smoke Alarm _____ Fire Alarm _____ Sprinkler System _____

CONSTRUCTION - HOMEOWNER CONTRACTOR _____

ELECTRICAL - HOMEOWNER CONTRACTOR _____

PLUMBING - HOMEOWNER CONTRACTOR _____

HTG/AC - HOMEOWNER CONTRACTOR _____

Applicant Information: Company Name _____

Individual Requesting _____

Phone Number _____

Email address: _____