CITY OF IRVING
COMMERCIAL & RESIDENTIAL BUILDING PERMIT APPLICATION

PROPERTY INFORMATION

ADDRESS of Job Site _____
Street number Street name Suite number

Block _____ Lot _____ SUBDIVISION _____

PROPERTY OWNER INFORMATION

_____
Property Owner

_____
Street Address of Property Owner

_____
City/State/Zip

_____ _____
Phone Number Cell Number

CONTRACTOR INFORMATION

_____
Name of Contractor

_____
Street Address of Contractor

_____
City/State/Zip

_____ _____
Phone Number Cell Number

RESIDENTIAL

☐ New Construction/addition ☐ Remodel or repair

1st floor _____ 2nd _____ 3rd _____

Garage _____ Other Covered Area _____

Total Sq.Ft._____ Plan #_____

COMMERCIAL

☐ New Construction/addition ☐ Remodel or repair

Tenant _____

Construction Area (under roof) _____Sq.Ft.

Bldgs _____ Floors _____ Units _____

Building sprinklered? _____ Estimated value of proposed work? $_____

General description of proposed work _____

_____

SIGNATURE

I hereby certify that I have read and examined this application and know the same to be true and correct. This permit is issued on the basis of information furnished herein and is subject to property restrictions, provisions of the Building Code, zoning ordinances, and all other governing ordinances and codes. All parties, including the owner, may be notified of the plan review comments.

The applicant below is the: Owner ☐ Contractor ☐ Tenant ☐ Architect ☐ Engineer ☐ Developer ☐

Date _____ Applicant's Name _____

Signature _____ Applicant's Phone _____

E-mail address _____

FOR OFFICE USE ONLY

Work Act._____ Zoning_____ Ownership_____ Subtype _____

Type Const. _____ Occupancy _____ Structure _____ Fire App._____

Comments _____

Plans sent to: Fire_____ Eng_____ Traffic_____ Zoning_____ Health_____ MEP_____

Approved by _____ Total Fee (Permit + Review Fees) $_____

Date _____ Fee Due $_____

Asbestos? _____ TDLR? EABPRJ_____ C/O? _____ IECC? _____ GC? _____