

PERMIT APPLICATION

DISTRICT OFFICE ONLY



City of Dallas

PERMIT NO: (OFFICE USE ONLY)

CO NO: (OFFICE USE ONLY)

DATE: _____

APPLICATION TYPE

PERMIT VALIDATION

VALIDATE PERMIT NO: _____

STREET ADDRESS OF PROPOSED PROJECT		SUITE/BLDG/FLOOR NO		USE OF PROPERTY	
APPLICANT		ADDRESS		CITY	
DBA (IF APPLICABLE)		PHONE NO		STATE	
CONTRACTOR-INDIVIDUAL		CONTRACTOR NUMBER		PIN	
CURRENT HOME REPAIR LICENSE ON FILE? <input type="radio"/> YES <input type="radio"/> NO		IF YES, LIST NUMBER		E-MAIL ADDRESS (MAY BE USED FOR OFFICIAL COMMUNICATION)	
PROPERTY OWNER (INDIVIDUAL CONTACT)		ADDRESS		CITY	
PROPERTY OWNER (COMPANY NAME)		PHONE NO		STATE	
				ZIP CODE	
				E-MAIL ADDRESS (MAY BE USED FOR OFFICIAL COMMUNICATION)	

DESCRIPTION OF PROPOSED PROJECT	JOB VALUATION (\$)

PLEASE INDICATE ALL TYPES OF WORK THAT WILL BE PART OF THIS PERMIT BY CHECKING THE APPROPRIATE BOX.

- | | | | |
|-------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> FOUNDATION REPAIR | <input type="checkbox"/> REROOF |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> BACKFLOW | <input type="checkbox"/> DRIVE APPROACH | <input type="checkbox"/> BARRICADE |
| <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> LAWN SPRINKLER | <input type="checkbox"/> OTHER: _____ | |

FOR FAX CUSTOMERS ONLY

NOTE: SEND BY FAX ONLY. DO NOT SEND BY EMAIL.

CREDIT CARD TYPE

CREDIT CARD NUMBER

CUSTOMER NUMBER

EXPIRATION DATE BILLING ZIP CODE

IMPORTANT NOTE

THIS APPLICATION FORM IS FOR DISTRICT OFFICE USE ONLY.

PLEASE DO NOT SUBMIT THIS FORM TO THE PERMIT CENTER.

I HAVE CAREFULLY 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 AM THE OWNER OF THE PROPERTY OR THE DULY AUTHORIZED AGENT. PERMISSION IS HEREBY GRANTED TO ENTER PREMISES AND MAKE ALL INSPECTIONS. I ALSO AFFIRM THAT THE EMAIL ADDRESS GIVEN ABOVE MAY BE USED FOR OFFICIAL COMMUNICATION CONCERNING THIS APPLICATION AND PERMIT.

APPLICANT SIGNATURE

FOR OFFICE USE ONLY

BLOCK	LOT	BASE ZONING	LAND USE	OWN	HOMESTEAD AFFIDAVIT	REMARKS
CONSTR TYPE	OCCUPANCY	HISTORIC	OCCUPANT LOAD	NSO NAME		
DEED RESTRICTION		PDD	SUP	BDA		

TRADE	CHECKED	DATE	COMMENTS	FEE CALCULATIONS (\$)
BUILDING				PERMIT FEE
ELECTRICAL				SURCHARGE
PLUMBING				POSTAGE FEE
MECHANICAL				OTHER FEES
BACKFLOW				OTHER FEES
LAWN SPRINKLER				TOTAL FEES
DRIVE APPROACH				\$
BARRICADE				
OTHER: _____				

NORTHEAST District Office Phone: 214-670-7278 Fax: 214-670-7282	NORTHWEST District Office Phone: 214-671-0720 Fax: 214-243-2623	SOUTHEAST District Office Phone: 214-670-8160 Fax: 214-670-8102	SOUTHWEST District Office Phone: 214-671-1531 Fax: 214-670-6051
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