



CITY OF HEATH

200 Laurence Dr.
Heath TX 75032

972-771-6228 – Main City Number
469-273-4015 - Fax
972-961-4897 – Inspection

APPLICATION FOR BUILDING PERMIT

Permit # _____ - _____

Amount Paid \$ _____

Check # _____

Date Paid ____/____/____

Picked Up By: _____

Receipt # _____

Job Address _____

Legal Description Subdivision _____ Lot _____ Block _____

Owner _____ Telephone # _____

Owner Address _____
street city state zip

Contractor _____ Heath Registration # _____ State Registration # _____

Contact Name _____ Telephone _____

LISTED SUB CONTRACTORS

Electrical Contractor _____ Heath Registration # _____

Plumbing Contractor _____ Heath Registration # _____

Mechanical Contractor _____ Heath Registration # _____

Foundation Contractor _____ Heath Registration # _____

Energy plans examiner/ Inspector _____ Certified by _____ Number _____

Foundation Engineer _____

Description of Work _____

Contract or Sale price \$ _____ Sq. ft. A/C _____ Sq. ft. other _____ Total Under Roof _____

NEW CONSTRUCTION, ADDITIONS, OR REMODELS please identify:

CITY SANITARY SEWER OSSF SPRINKLER FENCE

(If OSSF, Sprinkler, or fence provide documents for submittal with separate application)

This permit is issued on the basis of information furnished in this application and on any submitted plans, and is subject to the provisions and requirements of the City of Heath Codes and any applicable Ordinance. If any information is found to be untrue or incomplete this permit may be canceled and all construction order stopped until a new permit is issued. I am the owner or the duly authorized agent of the above property. I agree to comply with all Codes and Ordinance of the City of Heath. Permission is hereby granted to enter the premises to make inspections.

I HEREBY ACCEPT ALL CONDITIONS HEREIN ABOVE MENTIONED AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE.

DATE _____

SIGNED _____
agent or owner

DATE _____

APPROVED _____
Building Official

PERMIT FEE _____

SEWER IMPACT _____

WATER IMPACT _____

METER PASS THRU FEE \$195 \$260

ROADWAY IMPACT _____

TOTAL _____

ATTACHED SHEET MUST BE COMPLETED FOR ALL SFD, ADDITION AND FENCE PERMITS

Office Use Only
Setbacks Front _____ Side L _____ Side R _____ Rear _____ Height _____ Zoning _____

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THE UNDERSIGNED, _____, of
(Owner or Applicant & Company Name)

_____ more specifically described
(Address of Project)

as Block _____, Lot _____, of the _____ Addition to the City of Heath, Texas, do hereby certify that

“I have made an examination of the title to the property upon which the building or structure, for which this permit is sought, is to be constructed, and the proposed building or structure complies in each and every respect with any and all applicable covenants, deed restrictions and encumbrances of such property”

Signed this _____ day of _____, 20_____.

Printed Name

Signature

BEFORE ME, the undersigned Notary Public in and for said County and State, personally on this _____ day of _____, 20____, personally appeared _____, known to me to be the identical person who signed the above and foregoing document, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth therein.

GIVEN under my hand and seal the day and year last above written.

Notary Public in and for the State of Texas

My Commission Expires:

[SEAL]