



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 RESIDENTIAL REPAIRS PERMIT

Permit # _____ - _____

Amount Paid \$ _____

Check # _____

Date Paid ____/____/____

Picked Up
By: _____

Receipt # _____

*Job Address _____

*Owner _____ *Telephone # _____

*Owner Address _____
street city state zip

*Contractor/Repair Company _____ *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 _____

PLEASE COMPLETE ALL AREAS MARKED WITH AN *

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 \$95 \$160

ROADWAY IMPACT _____

TOTAL _____

ATTACHED SHEET MUST BE COMPLETED FOR ALL REMODELING

<i>Office Use Only</i>	
Setbacks Front _____	Side L _____ Side R _____ Rear _____ Height _____ Zoning _____