

#### **CITY OF HEATH**

200 Laurence Dr. Heath TX 75032 972-961-4883 Phone 469-273-4015 Fax

## SINGLE FAMILY DWELLING PERMIT

Permit #: \_\_\_\_\_

SubdivisionProperty Owner		Lot		Block	
		Phone	Email		
Property Owner Address					
Str	eet	City	State	Zip	
Contractor		Phone	Email		
Project Contact Name		Phone	Email		
SUB CONTRACTORS					
Electrical Contractor		Phone	Email		
Plumbing Contractor		Phone	Email		
Mechanical Contractor		Phone	Email		
Foundation Contractor		Phone	Email		
Project Description					
Contract or Sale price \$	Sq. ft. A/CSq. ft. A/C		Total Undo	er Roof	
I am the owner, the contractor or the This permit is issued on the basis of requirements of the 2015 Internation this permit may be revoked and all	TCITY SANITARY the duly authorized agent of the aborting furnished in this applicational Residential Code and The City of construction stopped until a new	V SEWER  ove property. I agree to comp cation and on any submitted pof Heath Code of Ordinances of permit has been approved	OSSF ly with all codes and Orplans or documents, and . If any information is for and issued. Permission	edinances of The City of Hea is subject to the provisions a bund to be untrue or incomple is hereby granted to enter t	
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	/		
			more specifically described
	(Address of F	roject)	miore specifically described
as Block	, Lot	, of the	Addition to the City of Heath,
Texas, do here	by certify that	:	
permit is sough	nt, is to be co	nstructed, and the prope	coperty upon which the building or structure, for which this osed building or structure complies in each and every respectons and encumbrances of such property"
Signed this	day of	, 20_	
			Printed Name
			Signature
	-	•	nd for said County and State, personally on thisday
be the identica	al person who	signed the above and	foregoing document, and acknowledged to me that he/she and deed for the uses and purposes set forth therein.
GIVEN under	my hand and	seal the day and year la	ast above written.
			My Commission Expires:
Notary Public i	in and for the	State of Texas	(SEAL)



# City of Heath 200 Laurence Drive Heath, Texas 75032

Phone 972-961-4892 Fax 469-273-4015

#### **SANITARY SEWER AND WATER CONNECTION REQUEST**

Date:	<del></del> -			
Applicant's Name:				
Applicant's Address:				
Contact Person:		Phone:		
Property Owner's Name:				
Property Physical Address:				
Owner's Phone Number:				
Legal Description: (Subdivision	າ)	(Block)	(Lot)	
Reason for Application:				
Water Meter:	3/4"	1"	Other	
Sewer:	3/4"	1"	Other	
Water Tap Fee:	3/4"	1"	Other	
Sewer Tap Fee:				
*******	********	*******	*******	*****
	W	ORK ORDER		
Size of Meter Set: 3/4"_	1"	Other		
New Meter Reading: Seria		Number:		
Set Date:				
Installed by:				