

## BUILDING MOVING PERMIT APPLICATION

CODE ENFORCEMENT DEPT.
465 S. MAIN
JASPER, TX 75951
OFFICE (409) 383-6111

PERMIT NUMBER: SECTION 1: JOB APPLICATION Job Address: LEGAL DESCRIPTION: LOT: BLOCK: SUBDIVISION: \_\_\_\_ SECTION 2: **CONTACT INFORMATION** Name: APPLICANT: Address: TELEPHONE: (\_\_\_\_\_) \_\_\_\_-\_\_\_ CELL: (\_\_\_\_\_) \_\_\_\_-EMAIL: OWNER: NAME: Address: Telephone: (\_\_\_\_) \_\_\_\_- Cell: (\_\_\_\_) \_\_\_-*EMAIL*: \_\_\_\_\_ GENERAL NAME: CONTRACTOR: COMPANY NAME: Address: Telephone: ( ) - Cell: ( ) \_\_-EMAIL: \_\_\_\_\_ TDHCA Lic. #:\_\_\_\_\_ SECTION 3: WORK DESCRIPTION \_\_\_\_\_REMOVAL/RELOCATION PLACEMENT DESCRIPTION OF WORK: INCLUDE SURVEY/SITE PLAN, MANUFACTURER/DATA PLATE INFORMATION, AND PROOF OF OWNERSHIP WITH PERMIT APPLICATION. NO PERMITS WILL BE ISSUED UNTIL ALL REQUESTED DOCUMENTS HAVE BEEN SUBMITTED AND APPROVED. COMMERCIAL: RESIDENTIAL:

## SECTION 4 SUB-CONTRACTOR NAME AND CONTACT INFORMATION (IF APPLICABLE)

ELECTRICIAN:	TELEPHONE: ()
PLUMBER:	
HVAC:	TELEPHONE: ()
FIRE SUPPRESSION:	TELEPHONE: ()
	TELEPHONE: ()
The permit applicant has read and examined this application and knows the same to be true and correct. All provisions of federal, state, and local laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of this construction.  Separate permits are required for electrical, plumbing, HVAC, irrigation, fire alarm, fire sprinkler, and fire suppression systems. This permit becomes null and void if authorized work or construction does not commerce within 180 days, or if work construction is suspended or abandoned for 6 months at any time after work is commended.  All permits shall be posted on site until completion of project. A copy of approved plans to remain on site and be available to view until completion of project.	
SECTION 6 APPLICANT	
Printed Name:	SIGNATURE:
COMPANY NAME:	Date://
SECTION 7 ADMINIS	TRATION USE
FLOOR PLAN: IN F.P. (EMPLOY SURVEYOR) N/A	
PERMIT: APPROVEDDENIED	
Job Cost: \$ Permit Cost \$ Plan Review Cost: \$ Inspection Fees: \$ Total Permit Cost: \$	
Authorized by:	DATE:/

