

City of Ballinger

P.O. BOX 497
BALLINGER, TX 76821

Before submitting this form,
a general outline for the
project must be provided on
the reverse side or attached.

BUILDING PERMIT/APPLICATION

DATE: _____ APPLICATION # _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

PHONE NUMBERS:

HOME: _____ CELL: _____

JOB SITE ADDRESS: _____

LEGAL PROPERTY DESCRIPTION: LOT _____, BLOCK _____
ADDITION _____

DEMENSION OF CONSTRUCTION: _____ FT (X) _____ FT (X) _____ HT

DESCRIPTION OF CONSTRUCTION: _____

NEW () REMODEL () DEMOLITION () ADD ON ()

ZONING _____ RESIDENTIAL () COMMERCIAL ()

FINISHED WALLS: BRICK () STONE/ROCK () METAL () OTHER TYPE ()

CONTRACTOR'S NAME _____

MAILING ADDRESS: _____

PHONE NUMBER(S): _____

SET BACK REQUIREMENTS: FRONT _____ BACK _____ SIDE _____ HEIGHT _____

VALUATION OF PROJECT _____

APPLICATION FEE _____

SIGNATURE OF APPLICANT _____ DATE _____

CITY COUNCIL APPROVED/REJECTED PERMIT: _____

COMMENTS: _____

CITY SECRETARY: _____

CITY ADMINISTRATOR: _____

CODE ENFORCEMENT/BUILDING INPECT: _____

NOTICE: IF CONSTRUCTION IS NOT COMMENCED OR COMPLETE WITHIN SIX (6) MONTHS FROM THE APPROVAL DATE OF THIS PERMIT, SAID PERMIT SHALL AUTOMATICALLY EXPIRE.

