



Application for Business/Residential Construction

Applicant Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Owner Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Permit Requested For:

Location: _____ Site Acreage: _____

Pin #: _____ Lot: _____ Parcel: _____

Purposed Use:

Current Use:

Within City Limit: Yes No Within ETJ: Yes No

Additional Information

Number of existing parking spaces: _____

Number of proposed parking spaces: _____

Hours of Operation: _____

Existing Structure(s): _____

Sign Permit Required: Yes No

Applicant's Signature: _____

Date: _____