



Building Permit Application

Development Services Department
415 N. College Ave., Justin, TX 76247
Email: permits@cityofjustin.com
940-648-2541

MyGov Permit #: _____

For Inspections:

Email: cseillers@cityofjustin.com
Phone: 940-648-2541 Ext. 125
For AM call before 7:30 AM
For PM call before 12:30 PM

New Construction Addition Remodel Mobile Home: _____
Label # _____ Serial # _____

Project Address _____ Property Legal Description: Lot #/Block #/Subdivision/Zoning _____

Property Owner Name _____ Property Owner Address (if different than Project Address) _____

Name of Contractor/Contractor ID _____ Contractor Phone #/Email Address _____

List all Subcontractors (Name, ID#) that will perform work under this permit:

Electrical (Name and ID#): _____ Plumbing (Name and ID #): _____

Mechanical (Name and ID #): _____ Irrigator (Name and ID #): _____

Other (Name and ID#): _____

Project Description: _____

sqft	sqft	sqft	sqft	sqft	sqft
1st floor	2nd floor	Garage	Porches	Other	Total Square Footage

All Contractors listed must be registered with the city before a permit will be issued. All plans must be submitted before application will be reviewed. Permit must be paid and issued before work begins.

I agree to allow no work on which separate permits are required. I have carefully examined and read the completed application and know the same is true and correct, and hereby agree that if a permit is issued, all provisions of the City Ordinances and State Laws will be complied with, whether herein specified or not.

I, the undersigned, do hereby certify that I am the Authorized Agent/Builder/Owner of the property above described and that I am applying for this permit at the request and with the permission of the same.

I authorize the Building Inspector to enter on the property to complete any inspections necessary in conjunction with the issuance of this building permit, to perform inspections in connection with the issued permit, and to investigate possible code enforcement issues to this property.

The Permit will expire and become null and void if: Declared Valuation: \$ _____

- ◆ Exterior walls are not erected and completed within 180 days
- ◆ Work does not commence within 180 days
- ◆ Work is discontinued at any time for a period of 180 days

Signature of Agent/Builder/Owner _____

****FOR OFFICE USE ONLY****

Building Official

Approved Denied

Comments: _____

Signature of Building Official: _____

Fees:

\$ _____ \$ _____
General/Utilities Deposit

Development Services Official: _____

Plans Received By: _____ Date Received: _____ Date Issued: _____

Date Paid: _____ Cash CC Check(s) #: _____