



# City of Justin Misc. Permit Application

415 N. College Ave.  
Justin, Texas 76247

(940) 648-2541  
(940) 648-0091 (fax)

**Countywide Inspection Service**  
Call (940) 521-0470 before 5:00 p.m.  
for next day inspections  
City Inspector: Mike Doughty (940) 284-5677

Address where work will be performed

Permit #

Owner of Premises

Contractor

Phone

Contractor Address

Signature of Owner or Authorized Agent

**All above contractors must be registered with the city before a permit will be issued. All information must be submitted before application will be reviewed.**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> _____                           | <input type="checkbox"/> <b>Mechanical Permit</b>    | <input type="checkbox"/> <b>Sign Permit</b>               | <input type="checkbox"/> <b>Fence</b>             |
| <input type="checkbox"/> <b>Irrigation Permit</b>        | <input type="checkbox"/> <b>Septic System Permit</b> | <input type="checkbox"/> <b>Electrical Permit</b>         | <input type="checkbox"/> <b>Plumbing Permit</b>   |
| <input type="checkbox"/> <b>Pond Permit</b>              | <input type="checkbox"/> <b>Culvert Permit</b>       | <input type="checkbox"/> <b>Overweight Vehicle Permit</b> | <input type="checkbox"/> <b>Water Well Permit</b> |
| <input type="checkbox"/> <b>Certificate of Occupancy</b> | <input type="checkbox"/> <b>Moving Permit</b>        | <input type="checkbox"/> <b>Swimming Pool Permit</b>      |   |

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 my 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 code enforcement issues to this property.

**Permit must be paid before work begins.**

Estimated Value is required: \$ \_\_\_\_\_

Signature

Agent/Builder/Owner

Building Official Comments

This Permit will expire and become null and void if:

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

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

City's value of project

Plans received by

Date Received

Amount Pd

Cash

Ck#

CC

Date