



# Miscellaneous Permit Application

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

MyGov Permit #: \_\_\_\_\_

**For Inspections:**

Email: [csellers@cityofjustin.com](mailto:csellers@cityofjustin.com)  
Phone: 940-648-2541 Ext. 125  
For AM call before 7:30 AM  
For PM call before 12:30 PM

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accessory Building Permit | <input type="checkbox"/> Electrical Permit    | <input type="checkbox"/> Plumbing Permit |
| <input type="checkbox"/> Irrigation Permit         | <input type="checkbox"/> Mechanical Permit    | <input type="checkbox"/> Fence Permit    |
| <input type="checkbox"/> Sign Permit               | <input type="checkbox"/> Swimming Pool Permit | <input type="checkbox"/> _____ *         |

\*If you require one of the following permits/applications, please contact the Development Services Department for further information:  
Adult Business License, Alcoholic Beverage, Ball Field Tournament, Floodplain Development, Gas Well, Mobile Home Park Construction,  
New Pipeline, Seismic Survey, Specific Use Permit, Tree Removal.

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 (If you have additional contractors, list them in Project Description)	Contractor Phone #/Email Address
Project Description: _____	
_____	
_____	

**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:**

Fee: \$ \_\_\_\_\_

Development Services Official: \_\_\_\_\_

Plans Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Date Paid: \_\_\_\_\_  Cash     CC     Check(s) #: \_\_\_\_\_