

CITY OF LYTLE, TEXAS
PLUMBING PERMIT

NO. _____

Date: _____

Permit Fee: _____

Zoning: _____

Flood Zone: _____

Elevation of Structure: _____ (if in flood plain) _____

Block #: _____ Sur.# _____

Lot# _____ Abst.# _____

Job Address: _____

Use of Building: _____

Owner of Land/Owner of Improvements: _____

Address/phone#: _____

Contractor: _____ License# _____

Address/phone#: _____

Plans By: _____

Class of Work: New Addition Remodel

Foundation: _____

Ext. Walls: _____

Int. Walls: _____

Floors: _____

Roof: _____

Bsmt: _____

Type of Heating: _____

Type of Cooling: _____

Total Estimated Cost: _____

No. Of Bedrooms: _____

No. Of Bathrooms: _____

Sq. Ft. Of Living Area: _____

Sq. Ft. Of Garage: _____

No. Of Levels: _____

Other: _____

Inspector: _____

Permit Clerk: _____

I hereby accept and agree to abide by the notations (if any) made by the building inspector on my set of building plans. This permit is subject to property restrictions, provisions of the building code, ordinances which must be complied with, whether of not herein specified. This permit is subject to cancellation upon notice as provided in the Building Code.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 12 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Contractor Date

Signature of Owner Date

***IF NEW CONSTRUCTION FOR A PUBLIC BUILDING (SCHOOL, CITY, BUSINESS) TOTALS \$50,000.00 OR MORE, SUBMIT THE FOLLOWING:**

Proof of submittal of construction documents to TDLR(Texas Department of Licensing and Regulation) or Contractor Provider.

I HEREBY ACCEPT ALL CONDITIONS HEREIN ABOVE MENTIONED AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE.

SIGNATURE: _____

CERTIFICATED OF OCCUPANCY IS REQUIRED FOR ALL BUILDINGS OR CHANGE IN USE THEREOF.

Date: _____ By: _____

Please do not hesitate to call the office if there are any questions or doubts about the code requirements. The contractor is required to provide a chemical toilet for workmen as per Sect. 4.901 of the City's Code of Ordinances.