BUILDING PERMIT APPLICATION
JURISDICTION OF CITY OF SCHULENBURG

Applicant to complete numbered spaces only.

X Job Address					Owner / Job Address
1. Legal Description	Lot No.	Block	Tract	(___)See Attached	
X 2. Owner	Address	Zip	Phone		
X 3. Contractor	Address	Phone	Lic. No.		
4. Architect or Designer	Address	Phone	Reg. No.		
5. Engineer	Address	Phone	Reg. No.		
6. Lender	Address	Branch			
7. Use of Building					
8. Class of Work: ____ New ____ Addition ____ Alteration ____ Repair ____ Move ____ Remove					
X 9. Describe work:					
10. Change of use from:					
Change of use to:					
X 11. Valuation of work: $					

Special Conditions		Plan Check Fee	Permit Fee	
		Type of Cons.	Occupancy Group	Division
		Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load
		Fire Zone	Use Zone	Fire Sprinklers Required ____ Yes ____ No
Application Accepted by:	Plans Checked by:	Approved for Issuance by:	No. of Dwelling Units	Offstreet Parking spaces: ___ Covered ___ Uncovered

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATION OR AIR CONDITION.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY 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 COMPLETED 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 REGULATION CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

X _____
Signature of Contractor or Authorized Agent (Date)

X _____
Signature of Owner (If Owner Builder) (Date)

Special Approvals	Required	Received	Not Required
Zoning			
Health Dept.			
Fire Dept.			
Soil Report			
Other (Specify)			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

Plan Check Validation Ck. M.O. CASH **PERMIT VALIDATION** Ck. M.O. CASH