



City of Balcones Heights
3300 Hillcrest Drive
Balcones Heights, TX 78201
210-735-9148 Fax 210-735-9409

PERMIT APPLICATION

THIS IS NOT A PERMIT- WORK IS PROHIBITED UNTIL A PERMIT IS ISSUED

Date: _____

Permit Number: _____
 (Office use only)

USE OF PROPERTY: Residential Commercial Multi- Family **Permit Type:** _____

Address Where Work Will Be Performed _____

Property Owner Name _____
 (Homeowner Name or Business Name)

Owner Address _____ Zoning: _____
 (If different from address above- No PO Boxes)

Owner Telephone(s) _____ Email: _____

Property in Floodplain Yes No **Asbestos Survey Required on Commercial Project** _____
 Initial Required

Does project include Work in the Right-of-Way Yes No

General Contractor _____
 (If Applicable) (GC Business name and Business Owner name)

GC Address _____ Email _____
 Street (no PO Boxes) City Zip

GC Office Phone # _____ GC Cell _____

Sub Contractor _____
 (Contractor Business name and Business Owner name)

Sub Contractor Address _____
 Street (no PO Boxes) City Zip

Sub Contractor Office Phone # _____ Contractor Cell _____

Email _____ Super Name/Cell _____

Trade State License No. _____ License Expiration _____

Name of Person requesting permit _____
 (Type or Print Legibly)

Total market value for this project is _____
 (Dollar amount required)

DETAILED DESCRIPTION OF WORK TO BE PERFORMED UNDER THIS PERMIT

Use extra sheets and/or attach plats, surveys, plans, specifications, asbestos survey and related information and graphics.

Signature of Applicant _____ Date Signed _____

Three (3) complete sets of Licensed Architect or Engineer Stamped Plans and Specification must be attach to this application. Plans shall not exceed 30"x36" and shall be "Scaled" Drawings.

Incomplete applications will not be accepted.