



City of Bowie Universal RESIDENTIAL Building Permit Application

(Incomplete applications will not be accepted)

304 Lindsey St. Bowie, Tx 76230

940-872-1114 ext 29 or 31

Fax: 940-872-5702

Check all that apply

- New SFR
- New Duplex
- Remodel Interior
- Remodel Exterior
- Addition
- Driveway
- Parking Pad
- Flatwork
- Fire Sprinkler
- Manufactured Home
- Mechanical
- Electrical
- Plumbing
- Irrigation
- Other: _____
- Fence
- Roof
- Pool/Hot Tub
- Accessory Structure

PROJECT/SITE INFORMATION: PLACE N/A FOR ALL ITEMS THAT DO NOT APPLY

Project Address (Location): _____ Total Acres: _____

Project Name: _____ Parcel(s) Tax ID# (Required): _____

Scope of Work: _____

PROPERTY OWNER INFORMATION: Primary Contact

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell #: _____ Fax #: _____

Email Address: _____

GENERAL CONTRACTOR INFORMATION: Primary Contact

Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell #: _____ Fax #: _____

Email Address: _____

BUILDING INFORMATION (If Proposed)

Number of Stories: _____ Living: _____ Garage: _____ Covered Porch: _____ Total: _____ Estimated Cost _____

Septic: Yes No Well: Yes No Flood Plain: Yes No Historic District: Yes No

Current Zoning: _____ Water tap size: _____ Sewer tap size: _____ Irrigation tap size: _____

Accessory Structure (If Proposed)

Square Footage: _____ Wall Height: _____ Type of Material: _____

Homeowner has contacted their Home Owners Association? Yes No n/a Estimated Cost _____

Existing Structures on property: _____

FENCE INFORMATION (If Proposed)

New Replacement Repair Fence Height: _____ Proposed Fence Material: _____

Corner Lot: Yes No Front yard Rear Yard Side Yard Estimated Cost _____

ROOF INFORMATION (If Proposed)New Replacement Repair Cost of Construction: _____ SQ FT: _____Existing Material: _____ Proposed Material: _____ # of layers: _____

POOL INFORMATION (If Proposed)

Estimated cost: _____

Select All that Apply: Private Pool Public Pool Private Hot Tub/Spa Public Hot Tub/Spa Fountain Above Ground In-ground Raised Deck or Platform Surround Concrete or Stone Surround Safety Cover Self-closing/self-latching gates Alarm on Doors Fully Fenced Fence Material: _____ Fence Height: _____

FLATWORK INFORMATION (If Proposed)New Replacement Repair SQ FT: _____ Estimated cost: _____

Existing Material: _____ Proposed Material: _____

Driveway Parking Pad Porch/Patio Ramp Garage Floor Sidewalk Open Storage area Other _____

ELECTRICAL INFORMATION (If Proposed)**Select all that Apply:** New Temp Pole Repair Trailer Hookup Upgrade Gasoline Pump Change Service Sign Hookup Move Service Motor Other, please specify: _____

Amps: _____ Feeder panels: _____ Outlets: _____ Horsepower (motor): _____ Estimated cost: _____

ELECTRICAL CONTRACTOR

Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell #: _____ Fax #: _____

Email Address: _____

MECHANICAL INFORMATION (If Proposed)**Select All that Apply:** New Replacement Repair Duct Work

Air Units: _____ # Heat Units: _____ # Fans/Blowers: _____ # Refrigerator units: _____

Other, please specify: _____ Estimated cost: _____

MECHANICAL CONTRACTOR

Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell #: _____ Fax #: _____

Email Address: _____

PLUMBING INFORMATION (If Proposed)**Select All that Apply:** New Replacement Repair Sewer Line Water Heater Gas Yard Line Gas Test RPZ

Lavatories: _____ # Commodes: _____ # Tubs/Showers: _____ # Drinking Fountains: _____ # Floor Drains: _____ # Water Lines: _____

Grease Traps: _____ # Gas Piping Openings: _____ # of Heads _____

Other, please specify: _____ Estimated cost: _____

PLUMBING CONTRACTOR

Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell #: _____ Fax #: _____

Email Address: _____

Received by: walk in Fax e-mail

APPLICATION AGREEMENT AND SIGNATURE

I hereby acknowledge that I have read this application and state the above is correct and agree to comply with the City of Bowie Ordinances and State Laws regulating zoning and building construction. I also certify I am the property owner, or am authorized to act as the property owner's agent in obtaining this permit.

No work is to be started before the permit application has been approved and you have received a copy of the approved permit. Office personnel will contact you when the permit application has been approved. False or incorrect information will be grounds for permit to be revoked or denied

Notice: A Certificate of Occupancy must be issued before any building is occupied.

By signing this application, staff is granted access to your property to perform work related to your case.

SIGNATURE:

(Letter of authorization required if signature is other than property owner)

PRINTED NAME:

(Letter of authorization required if signature is other than property owner)

For Department Use Only

Permit #: _____

Total Fee(s): _____

Fee Credit: _____

Payment Method: _____

Submittal Date: _____

Accepted By: _____

Accepted Date: _____

Certify Application complete: _____