



701 N. Tool Dr.
Tool, TX 75143

Office: 903.432.3522
Fax: 903.432.3867

www.tooltexas.org
Permits@tooltexas.org

City Permit Application

Permit Number: _____
(*if permit application is approved)

Permit Address: _____ Subdivision: _____ Lot / Block: _____ / _____

Owner-Name & Address: _____

Phone: _____ Email Address: _____

Contractor-Name & Address: _____ Phone: _____

**Contractors must be registered with the City of Tool*

Estimated Cost of Project: \$ _____ Estimated Square Footage: _____

Brief Description of Project: _____

NOTICE TO APPLICANT: This permit is issued on the basis of information furnished in this application and on any submitted plans, any change to plans after permit is issued must be approved by Building Official and additional fees may apply and is subject to the provisions and requirements of the City of Tool Code of Ordinances and International Building Codes. This permit is used only for the purpose of allowing construction of a building or structure conforming to the codes and ordinances of the City, regardless of information and/or plans submitted. Where work for which a permit is required by the code is started or preceded prior to obtaining said permit, the fees herein specified may be doubled. The payment of such double fee shall not relieve any persons from fully complying with the requirements of this code in the execution of the work.

I HEREBY ACCEPT ALL CONDITIONS HEREIN ABOVE MENTIONED AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE; I ALSO UNDERSTAND THAT THIS PERMIT EXPIRES SIX MONTHS FROM ISSUE DATE, AND THAT A 24 HOUR NOTICE IS REQUIRED FOR ALL INSPECTION REQUESTS.

Applicant's Signature	Date	Permit Fee: \$ _____
Permit Processor's Signature	Date	
		Payment Type: Cash / Check # _____ / CC (*Fees apply if using CC)

******* BELOW TO BE COMPLETED BY THE CITY *******

PERMIT TYPE:

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> General Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Garage / Carport / Storage (Circle One) |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Concrete | <input type="checkbox"/> Pool* / Spa / Hot Tub (Circle One) |
| <input type="checkbox"/> Sign(s) | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Roofing | <input type="checkbox"/> Other _____ |

*Storable swimming pools must conform to 2006 section E4107 IRC code and section 3109IBC code _____
Applicant's Initials

ZONING / STRUCTURE TYPE:

- | | | | | |
|--|---|---------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Industrial Warehouse | <input type="checkbox"/> Church | <input type="checkbox"/> School | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Town House | <input type="checkbox"/> Commercial Area | <input type="checkbox"/> Duplex | <input type="checkbox"/> Other _____ | |

Located in Flood Zone? _____ If Yes, Floodplain Development Permit is required.

Inspection(s) that will be required: _____

Additional Information: _____