



701 N. Tool Dr.
Tool, TX 75143

Office: 903.432.3522
Fax: 903.432.3867

www.tooltexas.org
permits@tooltexas.org

New Construction Check List

***** Once plans are approved the permit fee will be calculated and permit will be issued *****

- ☐ Completed permit application.
- ☐ Completed contractor registration.
- ☐ Subcontractor validation
- ☐ Will serve letter from WCCMUD.
- ☐ 911 address
- ☐ Mailbox application
- ☐ Complete set of plans (digital plans - 1 set / paper plans - 2 sets)

- Permit and address must be posted.

- Some type of trash container must be on sight, if a dumpster is rented it must be from Republic Services

Construction Desk (a special area of Customer Services solely for temporary roll offs)

- (844) 677-7378
- construction@republicservices.com

Local Corsicana Office

- (903) 874-8717 – Main Number



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Residential Permit Application

Permit Number: _____

If permit application is approved

Permit Address: _____

Homeowner Name: _____

Homeowner Phone: _____

General Contractor Name: _____

Phone: _____ Email Address: _____

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

Brief Overview 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's 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.

Property Owner Signature

Date

Business Owner Signature

Date

Building Official Signature

Date

Permit Fee: \$_____

Payment Type: Cash / Check # _____ / CC
(fees apply if using CC)

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

Permit Type:

- ☐ New Construction ☐ Remodel/Renovation ☐ Demolition (no fee) ☐ Roofing
☐ Electrical ☐ Plumbing ☐ Concrete ☐ Pool/Spa/Hot Tub ☐ Other: _____

Zoning/Structure Type:

- ☐ Single Family ☐ Mobile Home Park District ☐ Multi -Family ☐ Other: _____



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Contractor Registration

Date _____

Company Name _____ Owner Name _____

Company Mailing Address _____

Company Physical Address _____

Contact Numbers (Cell) _____ (Home/Office) _____ (Fax) _____

Name of License Holder _____ Company Email _____

Contractor Signature

Approved By Signature

Required Documents

- | | |
|--|--|
| <input type="checkbox"/> Completed Contractor Registration Form | <input type="checkbox"/> Copy of State Trade License (TRCC) |
| <input type="checkbox"/> Copy of Drivers License / Government I.D. | <input type="checkbox"/> Copy of Company Liability Insurance |

Contractor Registration Fee: \$75.00 (REGISTRATION IS VALID FROM JAN 1 TO DEC 31)

Early Renewal (Dec 1 – Dec 31): \$25.00

No fee for Plumbing or Electrician registration

Office Use

License / Registration Type

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Electric | <input type="checkbox"/> General Contractor |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HVAC | |

Amount Paid \$ _____ Date Paid _____ Expiration Date _____



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SUBCONTRACTOR VALIDATION SHEET

Permit Number _____

Project Address _____

ELECTRICAL

Company Name:	
Master Electrician's Name:	
State License Number:	
Phone Number:	

PLUMBING

Company Name:	
Master Plumber's Name:	
State License Number:	
Phone Number:	

HVAC

Company Name:	
Master HVAC's Name:	
State License Number:	
Phone Number:	

**MUST PROVIDE COPIES OF DRIVERS LICENSE, STATE
LICENSING, AND LIABILITY INSURANCE**

MAILBOX ASSEMBLY PERMIT

MAILBOX PERMIT ADMINISTRATOR
City of Tool
701 N Tool Dr.
Tool, TX 75143

PERMIT NUMBER _____

CITY OF TOOL MAILBOX ASSEMBLY PERMIT APPLICATION

1. Name of Applicant: _____

Mailing Address: _____

2. Address for Mailbox: _____
(if different than mailing address above)

3. Nature of Proposed Mailbox Assembly Installation (check and complete as appropriate):
() Residential () Non-residential

For non-residential, _____
(Name of Business)

4. Description of Proposed Mailbox Assembly Construction (check and complete as appropriate):
() Standard (post and lightweight box) () Custom-built (masonry, heavy gauge metal, etc.)

For standard: _____ (specify materials to be used)

For custom-built: _____ (specify materials to be used)

NOTIFICATION:

By my signature below,
I have reviewed and acknowledge the City's *Requirements for the Placement of Mailbox Assemblies Within Public Rights-of-Way*.

I agree to comply with the provisions contained within these requirements and understand that failure to comply with any part of these provisions may result in the City removing, relocating or replacing the mailbox assembly at my expense.

Signature: _____ Date: _____

** Applicant must provide a copy of the property survey, plat or other legal description **

For City Use Only:

Roadway classification: ☐ local ☐ minor collector ☐ major collector

☐ minor arterial ☐ major arterial ☐ State facility

Has the required information been submitted? ☐ yes ☐ no

Type of mailbox assembly requested: ☐ standard ☐ custom-built

Type of mailbox assembly permitted: ☐ standard ☐ custom-built

☐ Permit Application Approved and Permit Issued

☐ Permit Application Rejected

☐ Additional Information Needed

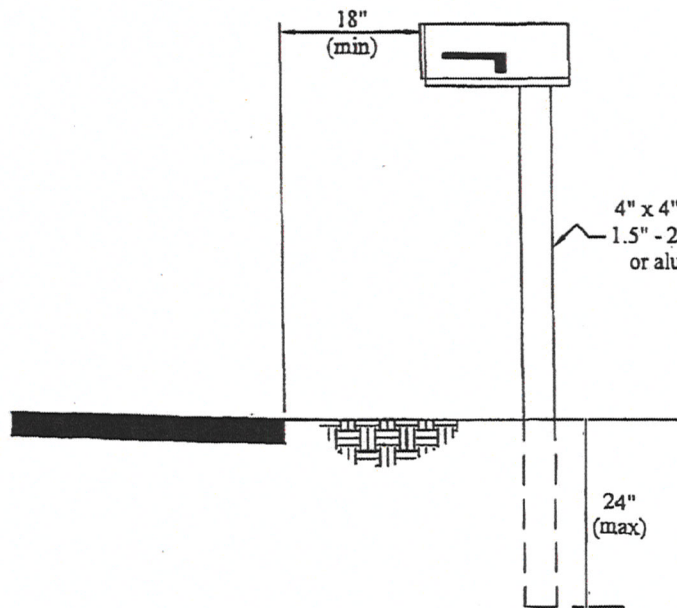
(specify information)

Permit Administrator _____ Date _____

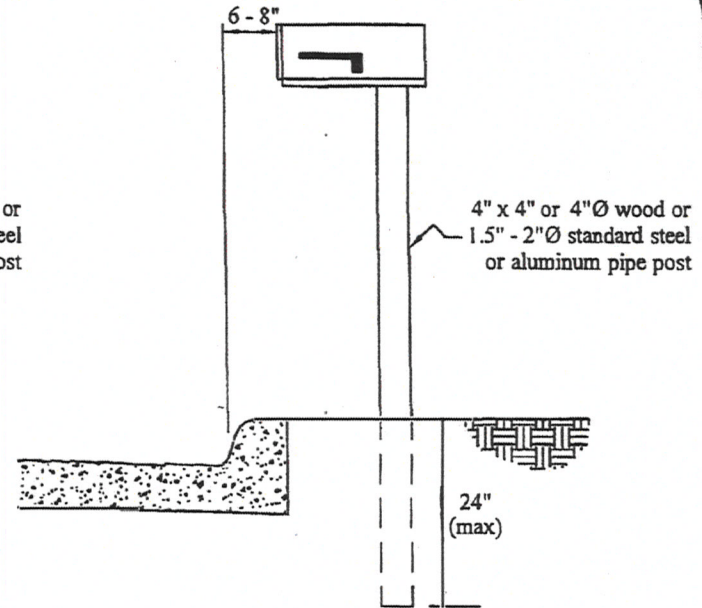
Mailbox Assembly Type Approved: ☐ standard ☐ custom-built

Comments: _____

THIS PERMIT IS VALID FOR SIX (6) MONTHS FROM DATE ISSUED AND WILL NEED TO BE RENEWED IF WORK IS NOT COMPLETED WITHIN THIS TIME FRAME



Non-Curbed Roadway



Curbed Roadway

Not to scale, for illustration purposes only

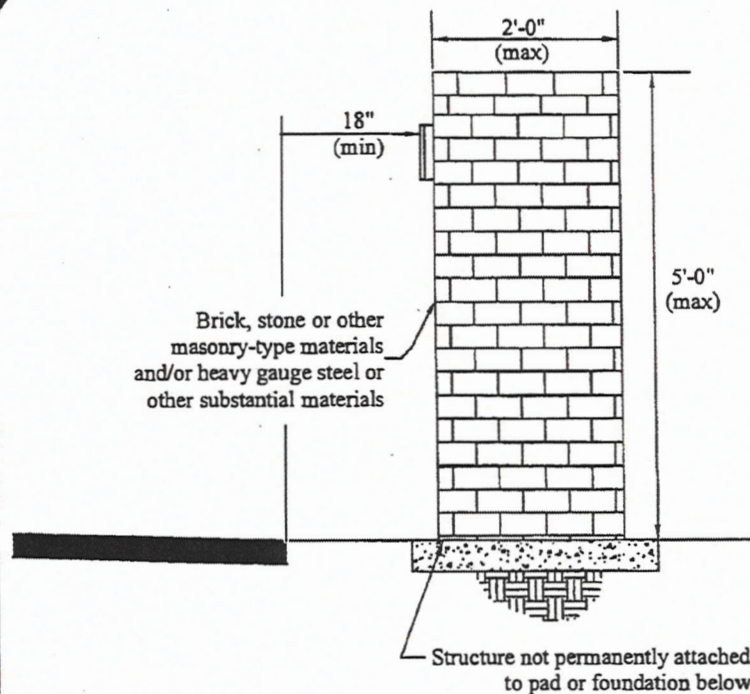
FIGURE

1

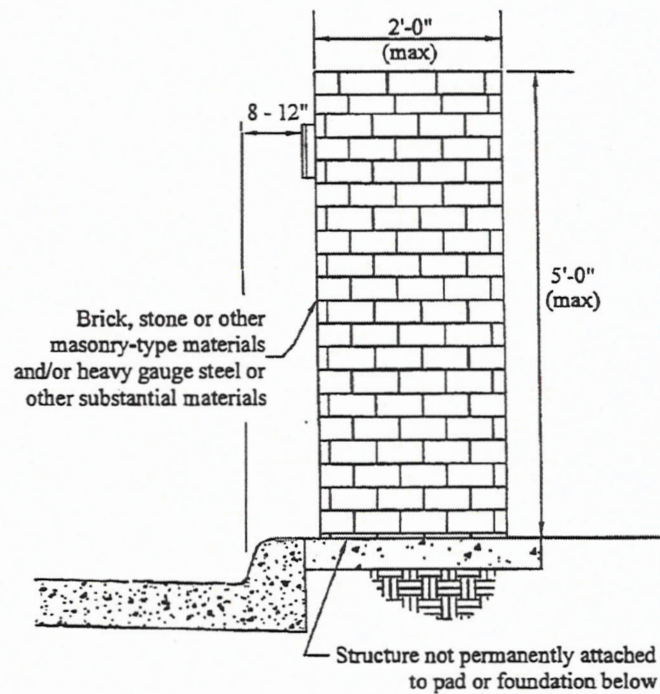
STANDARD MAILBOX ASSEMBLY PLACEMENT

Date:

Feb. 2012



Non-Curbed Roadway



Curbed Roadway

Not to scale, for illustration purposes only

FIGURE

2

CUSTOM-BUILT MAILBOX ASSEMBLY PLACEMENT

Date:

Feb. 2012