

701 N Tool Dr. Tool, TX 75143 Office: (903) 432 - 3522 Fax: (903) 432 - 3867 www.tooltexas.org permits@tooltexas.org

## **Residential Permit Application**

	Permit Numbe *If permit applica	er:ation is approved*
Permit Address:		
General Contractor Name:		
Phone:	Email Address:	
Estimated Cost of Project: \$	Estimated S	quare Footage:
Brief Overview of Project:		
plans after permit is issued must be requirements of the City of Tool's Code construction of a building or structure of Where work for which a permit is require doubled. The payment of such double fee s	approved by Building Official of Ordinances and Internation onforming to the codes and or ed by the code is started or pro- shall not relieve any persons fithe EIN ABOVE MENTIONED AND MIT EXPIRES SIX MONTHS FRO	in furnished in this application and on any submitted plans, any change is and additional fees may apply and is subject to the provisions and mal Building Codes. This permit is used only for the purpose of allowing adinances of the City, regardless of information and/or plans submitted receded prior to obtaining said permit, the fees herein specified may be from fully complying with the requirements of this code in the execution work.  CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE; IM ISSUE DATE, AND THAT A 24 HOUR NOTICE IS REQUIRED FOR ALL IN REQUESTS.
Property Owner Signature	Date	Permit Fee: \$
Business Owner Signature	Date	Payment Type: Cash / Check #/ CC (fees apply if using CC)
Building Official Signature	Date	
*******	BELOW TO BE COM	PLETED BY THE CITY **********
	<u>Per</u>	mit Type:
☐ New Construc		tion Demolition (no fee) Roofing
		tructure Type:
☐ Single Family ☐ M	obile Home Park District	