

City of Lone Oak

115 Town Square/P.O. Box 127 Lone Oak, Texas 75453 Office: 903-662-5116

Fax: 903-662-5334

BUILDING PERMIT APPLICATION

Date of Application: ___

CATEGORY OF CONSTRUCTION			ENGINEER / ARCHITECT				
☐ Residential Single Family	Residentia	al Multi-Family	☐ Engineer		☐ Architect		
☐ Commercial	☐ Retail		Name:				
Other:			Firm Name:				
TYPE OF CONSTRUCTION			Address:				
☐ New Construction	☐ Addition		City:	9	State:	ZIP:	
Remodel	Repair		License #:	1	Expiration Date:		
☐ Demolition ☐ Relocation			PROPOSED STRUCTURE				
JOB SITE INFORMA		Square FT: # of Floors:					
Job Site Address:			-		# 01 110015.		
City:	State:	ZIP:	Frame Construction:				
Subdivision:		_ot #.:	Water Supply Source:				
BRIEF DESCRIPTION OF STRUCTURE & USE			Sewage Disposal Method:				
			Heating Method:				
			Cooling Method:				
PROPERTY OWNER			Fire Suppression:				
Name:			Zoning Change Requ	Zoning Change Requested:			
Address:	Number of Off Stree	Number of Off Street Parking Spaces:					
City:	State: ZIP:		DE	DESCRIPTION OF WORK			
Phone:	Fax: -						
Phone: Fax:							
I hereby certify I have read and examined the correct. All provisions of law and ordinance							
with whether specified herein or not. I furth		-					
will be subjected to a comprehensive check	against municipal or	dinance and building code.					
Signature:							
CONTRACTOR	INSTALLAT	ION					
Business Name:			OFFICIAL APPROVAL USE ONLY				
Address:			Building Permit Fee:	:			
City:	State:	ZIP:	Plan Review Fee:				
	<u> </u>		Zoning Change Fee:				
Phone: Fax:			Fire Prevention System Fee: Other Fee:				
Email:				Total Due:			
Contractor License #:	Signature:						
Print Name:			Title:		Date:	-	
Signature:			Signature:	1	ъ.		
orginature.			Title:		Date:		

(Permit valid for 180 days after approval and issuance of permit)

Form revised: September 2017