Permit #: _____

415 N. College Ave
Justin, Texas 76247
(940) 648-2541

City of Justin
Building Permit Application

For Inspections:

Countywide Inspection Service
Email: countyinspections@gmail.com
Phone: (940) 521-0470
Call before 5:00 p.m. for next day inspections
City Inspector: Chuck Sellers (817) 480-5448

☐ New Construction ☐ Addition ☐ Remodel ☐ Mobile Home: Label # _____ Serial # _____

Property Owner Name _____ Property Owner Address _____

Job Address _____ Name of Contractor _____

Zoning of Property _____ Contractor ID _____

Property Legal Description: Lot#/Block#/Subdivision _____ Contractor Phone # _____

List all subcontractors (Name, ID #) that will perform work under this permit.

Electrical (Name and ID #) _____ Irrigator (Name and ID #) _____

Mechanical (Name and ID #) _____ Plumbing (Name and ID #) _____

Other (Name and ID #) _____

1st Floor	2nd Floor	Garage	Porches	Other	Total Square Footage

All Contractors listed must be registered with the city before a permit will be issued.

I agree to allow no work on which separate permits are required. I have carefully examined and read the completed application and know the same is true and correct, and hereby agree that if a permit is issued, all provisions of the City Ordinances and State Laws will be complied with, whether herein specified or not.

I, the undersigned, do hereby certify that I am the Authorized Agent/Builder/Owner of the property above described and that I am applying for this permit at the request and with the permission of the same.

I authorize the Building Inspector to enter on the property to complete any inspections necessary in conjunction with the issuance of this building permit, to perform inspections in connection with the issued permit, and to investigate possible code enforcement issues to this property.

Permit must be paid before work begins.

Estimated Valuation: $ _____

_____
Signature of Agent/Builder/Owner

This Permit will expire and become null and void if:

a) Work does not commence within 180 days
b) Exterior walls are not erected and completed within 180 days
c) Work is discontinued at any time for a period of 180 days

Building Official

☐ Approved ☐ Denied

Fees:

$ _____ General $ _____ Utilities $ _____ Deposit

Comments _____

Signature of Building Official _____

FOR OFFICE USE ONLY

Plans received By _____ Date Received _____ Date Issued _____

Date Paid _____ ☐ Cash ☐ CC ☐ Check #(s): _____ _____

Revised: 1/2018