

Residential Building Permit Application

City of Ferris
100 Town Plaza
Ferris, Texas 75125

Phone: (972) 544-2110
Fax: (972) 544-8259
www.cityofferris.org

Building Permit Number: _____ **Valuation:** _____

Project Address: _____ **Zoning:** _____

Lot: _____ **Block:** _____ **Subdivision:** _____

Project Description: NEW SFR SFR REMODEL/ADDITION SPECIFY OTHER: _____
 PLUMBING MECHANICAL ELECTRICAL
 FENCE ACCESSORY BUILDING LAWN IRRIGATION SWIMMING POOL

Description of Work:
Area Square Feet: _____ **Covered**
Living: _____ **Garage:** _____ **Porch:** _____ **Total:** _____ **Number of stories:** _____

Owner Information:

Name: _____ **Contact Person:** _____

Address: _____ **Phone Number:** _____

Email: _____ **Fax Number:** _____ **Mobile Number:** _____

General Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Electrical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Plumber/Irrigator	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
TPO Energy Provider	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All construction must be completed within 6 months from issuance of permit. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY:

Approved by:	Date approved:
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Total Fees: _____
Check # or Cash: _____

Issued By: _____
Issued Date: _____
 BV Project # _____