

CITY OF ALVARADO

PERMIT APPLICATION

Date: _____ Date Issued: _____ Clerk: _____

Type of Permit: _____ Permit Number: _____ Sq Ft: _____

Description: _____ Residential / Commercial

Location Address: _____ Property is (in/out) of the floodplain.

Block: _____ Lot: _____ Survey: _____ Electrical Provider: _____

Owner/
Tenant: _____ Mailing
Address: _____ Phone: _____

Contractor Name	Phone	Mailing Address	Value	Fee Paid (X)
General: _____			-	()
Electrical: _____			-	()
Mechanical: _____			-	()
Plumbing: _____			-	()
Irrigation: _____			-	()

Before beginning renovation projects which include the disturbance of any asbestos-containing material written notification must be submitted to TDSHS at least 10 working days prior to the project start date.

If public or commercial remodel or demolition, was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP)?

Yes _____ No _____ Date of survey: ____/____/____ TDH Inspector License No. _____

*If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Alvarado.

If new home, improvement to interior of existing home over \$10,000, or material improvement other than re-roofing the business or individual must be registered with Texas Residential Construction Commission.

I have carefully 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 Ordinances and State Laws will be complied with, whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the above property or his duly authorized agent. Permission is hereby granted to enter premises and make all inspections. I understand that the city has a franchise with Allied Waste and they must be used for all solid waste disposal.

Applicant's Signature: _____

	Signature	Approval	Disapproval	Date
Building Official: _____	_____	_____	_____	_____
Fire Marshall: _____	_____	_____	_____	_____
Public Works Director: _____	_____	_____	_____	_____