

## USE THIS FORM FOR ALL PLUMBING PROJECTS.

## CITY OF HALLETTSVILLE

101 N. Main Street Hallettsville, TX 77964 www.cityofhallettsville.org (361) 798-3681 (phone)

|  |  | PROJECT I  | NFORMATIO  |   |   |   |
|--|--|--|--|---|---|---|
| PROJECT ADDRESS:   |  | Hallettsville, TX 77964 COMMERCIAL VALUATION   |  |   |   |   |
| CLASS OF WORK:   | New 🗌  | Repair 🗌   |  | PERM  | 1IT #   |   |
| DESCRIPTION OF W   | ORK:   |  |  |   |   |   |
|  |  |  |  |   |   |   |
| DOES CENTERPOINT   | ENERGY NEED TO BE CONTA  | CTED TO RECONNEC   | T GAS?:  | Yes: No:  |   |   |
| IS THIS PROPERTY IN  | THE 100 YEAR FLOODPLAIN  | P: Yes: No:  | FLOOD  | PLAIN MGR APPROVA   | L   |   |
|  |  | COMMERCIAL   | PROJECTS O   | NLY*  |   |   |
| ACCESSIBILITY TDLR   | REGISTRATION NUMBER:   |  | ASBESTOS   | SURVEY COMPLETED:   | Yes: No:  | INITIAL   |
|  |  | PROPERTY OWI   | NER INFORM   | ATION   | er entlangetiete.<br>Gebeure  |   |
| PROPERTY OWNER:  |  |  | 1OH9   | NE:   |   |   |
| OWNER MAILING AD   | DDRESS:  |  |  |   |   |   |
|  |  | CONTRACTO  | R INFORMAT   | ION   |   |   |
| GENERAL CONTRAC  | TOR:   |  | (  | CONTACT:  |   |   |
| PHONE:   | EMAIL:   |  |  |   | CITY LICENSE:   | YES NO  |
| PLUMBING CONTRA  | CTOR:  |  | CON  | TACT:   |   |   |
| PHONE:   | EMAIL:   |  |  | TDI   | _R #:   |   |
|  |  | AFF  | IDAVIT   |   |   |   |
| (INITIAL). This permit becoperiod (INITIAL) WORK MAY REQUIRE AN A TO BE TRUE AND CORRECT. THE GRANTING OF A PERM | by the City of Hallettsville does remes null and void if work or con I ACKNOWLEDGE THAT, IF ISSUADDITIONAL APPLICATION, PERM ALL PROVISIONS OF LAWS AND OMIT DOES NOT PRESUME TO GIV RFORMANCE OF CONSTRUCTION | struction is not comme<br>IED, THIS PERMIT WILI<br>IIT, AND FEE. I HEREBY<br>ORDINANCES GOVERNI<br>E AUTHORITY TO VIOL | enced within 6 m<br>L <b>ONLY BE FOR T</b><br>CERTIFY THAT I<br>ING THIS TYPE OF | onths, or if no building ir<br>HE WORK STATED IN TH<br>HAVE READ AND EXAMII<br>WORK WILL BE COMPLII | nspections have beer<br>IIS APPLICATION ANI<br>NED THIS APPLICATIO<br>ED WITH WHETHER S | n requested for a 6 month<br>O THAT ANY ADDITIONAL<br>ON AND KNOW THE SAME<br>PECIFIED HEREIN OR NOT, |
| NAME:  |  | SIGNATUR   | .E:  |   | DAT   | E:  |
|  |  | FOR OFFIC  | CE USE ONLY  |   |   |   |
| APPROVAL:  |  | DATE:  |  | DATE RECEIVED:  |   |   |
| CITY LICENSE:  | INSPECTION FEE: \$   | PLAN REVIEW  | FEE: \$  | TOTAL PERMIT FEE:   | \$  |   |
|  | EMAILED  | COPIED   |  | BV NUMBER:  |   |   |