

FEES DOUBLE IF WORK IS PERFORMED WITHOUT PERMIT BEING ISSUED



NON-TRANSFERRABLE NO REFUNDS EXPIRES IN 180 DAYS

Application date: \_\_\_\_\_

Permit #: \_\_\_\_\_

**COMMERICAL APPLICATION FOR BUILDING PERMIT**

(Check All That Apply) / (Please Print or Type)

Interior Renovation  New Construction  Exterior Renovation  Other \_\_\_\_\_

Description of Work \_\_\_\_\_ Valuation: \_\_\_\_\_

**1. Applicant Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

**2. Property Owner Information (if different than Applicant)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

**3. Project Information**

Address: \_\_\_\_\_  
Street City State Zip

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**4. Terms and Conditions**

All construction must be completed in accordance with Santa Clara's Ordinances.

The Applicant hereby acknowledges and agrees to be strictly bound to the provisions, conditions and requirements of the City of Santa Clara, attached to the issuance of the building permit(s), and such will be faithfully and fully complied with.

The Applicant understands that the Planning Commission or its authorized agent, may make scheduled or unscheduled inspections of the property upon the issuance of the permit. The Applicant acknowledges that the construction site must be inspected during and after construction is finished. If the Applicant is a corporation, partnership or other legal entity other than a natural person, then the undersigned acting as the authorized representative of said entity will be responsible for ensuring the entity's compliance with all provisions, conditions and requirements of the permit.

The Applicant is responsible for any necessary utility locations within the construction site area.

**THE CITY OF SANAT CLARA HEREBY DISCLAIMS ALL REPRESENTATIONS AND WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNISS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT.**

**ATTACH PROVIDE PROOF OF VALUE OF CONSTRUCTION/IMPROVEMENT AND SITE PLAN OR SURVEY SHOWING THE PROPOSED WORK TO BE DONE FOR PRELIMINARY REVIEW, MORE DETAILED DRAWINGS MAY BE REQUIRED BEFORE A PERMIT CAN BE ISSUED.**

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Permit # \_\_\_\_\_

In no way does the City of Santa Clara's issuance of a permit constitute an endorsement or warranty of the Applicant or the quality of the Applicant, Applicant's officer, agent or employee's workmanship.

I \_\_\_\_\_, the undersigned, have carefully reviewed this application and my answers to all questions. To the best of my knowledge, the answers are all true and correct.

SIGNATURE of Applicant/Agent or Attorney \_\_\_\_\_ Date \_\_\_\_\_

(Office Use Only)

5.  Approved  Denied Date \_\_\_\_\_

SIGNATURE of Authorized Agent of the City of Santa Clara \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

Contact City Hall for Inspection(s):

By Phone (830) 914-4443

By Mail P.O. Box 429

In Person 1653 N. Santa Clara Rd.

Mayor Email address: [mayor@ciSantaClaraTX.us](mailto:mayor@ciSantaClaraTX.us)

City Secretary Email address: [SantaClaraTX@yahoo.com](mailto:SantaClaraTX@yahoo.com)

Office Hours - Monday - Thursday 9:00 am to 2:00 pm

(Office Use Only)

<b>6. Inspections</b>	<b>Fees (\$):</b> _____
<u>SITE INSPECTION</u>	
Date: _____ <input type="checkbox"/> Approved By: _____	<input type="checkbox"/> Re-Inspection
Date: _____ <input type="checkbox"/> Approved By: _____	<input type="checkbox"/> Re-Inspection
Inspection Notes _____	
<u>FINAL INSPECTION</u>	
Date: _____ <input type="checkbox"/> Approved By: _____	<input type="checkbox"/> Re-Inspection
Date: _____ <input type="checkbox"/> Approved By: _____	<input type="checkbox"/> Re-Inspection
Inspection Notes _____	

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