



# PERMIT APPLICATION (excluding signs, fences, pools, commercial finish-out/remodels, and CO's)

*Please check your deed restrictions and Homeowners Association requirements before building, as they are not regulated by the Town.*

<b>Job Address:</b>				<b>Submittal Date:</b>			
<b>Lot:</b>	<b>Block:</b>	<b>Subdivision:</b>	<b>Phase:</b>				
<b>Owner/Tenant:</b>		<b>Address:</b>		<b>Phone:</b>			
<b>General Contractor:</b>				<b>Phone:</b>			
<b>Description of work to be done:</b>				<b>Total Square Footage:</b>			
				First Floor	Second Floor		
<b>Will you or your business be selling alcoholic beverages?</b> <input type="checkbox"/> Yes ( <input type="checkbox"/> On-premises consumption or <input type="checkbox"/> Off-premises consumption only) or <input type="checkbox"/> No If you checked "Yes" above, please initial to indicate that you understand and agree to the following: I understand that acceptance of this application form and/or approval of the permit for which I am applying does not constitute permission to sell alcoholic beverages. I further understand that I must make application to the Town Secretary's Office of the Town of Flower Mound for permission to sell alcoholic beverages and that I must be granted this permission by the Texas Alcoholic Beverage Commission (TABC) before I or my business can commence the sale of alcoholic beverages. Please contact the Town Secretary's Office at 972.874.6070 or townsecretary@flower-mound.com or see the TABC web site at <a href="http://www.tabc.state.tx.us/">http://www.tabc.state.tx.us/</a> for more information.				Garage	Porch		
				<b>Retail Value: \$</b>			
				Truss System <input type="checkbox"/>	Conventional <input type="checkbox"/>		
Plumbing Company Name	Mechanical Company Name	Electrical Company Name	Backflow Tester				
				Electric Co:	Gas Co:		
Plumbing License Holder Name	Mechanical License Holder Name	Electrical License Holder Name	Backflow License Holder Name				
				# Bedrooms:	# Bathrooms:		
<b>Please initial if applicable:</b> _____ I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being removed and/or demolished.		<b>Water Well Installer</b> WW Installer Address  WW TCEQ Lic. No.		Sewer <input type="checkbox"/>	Septic* <input type="checkbox"/>		
				Meter Size: 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> Other _____			
<p style="text-align: center;"><b>NOTICE</b></p> <p>This permit becomes null and void if work or construction authorized is not commenced within 180 days for commercial projects or 45 days for residential projects, or construction or work is suspended or abandoned for a period of time set by Town Ordinance for your type of project.          *OSSF permits are valid for 1 year.</p> <p>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 herein or not. The granting of a permit does not presume to give authority to violate or cancel any other Federal, State, or local law regulating construction or the performance of construction.</p>				<b>EHS Approval:</b>		Date:	
				<b>Engineering Approval:</b>		Date:	
				<b>Building Insp. Approval:</b>		Date:	
				<b>Issued By:</b>		Date:	
				<b>Plan Review Comments:</b>			
<b>Applicant's Signature</b>		<b>Applicant's Printed Name</b>					