PERMIT
TOWN OF CALLAHAN
Land Use, Building, and Water/Sewer Service

Date _____ PERMIT #

Name _____ Phone No. _____

Address _____

Location _____

Legal Description	Lot	Block	Tract	(See attached ❑)

PROPOSED STRUCTURE;

CHECK ONE:
- ❑ Residential
- ❑ Mobile Home
- ❑ Commercial
- ❑ Industrial
- ❑ Rezoning

CHECK ALL THAT APPLY:
- ❑ New Construction
- ❑ Addition
- ❑ Detached Structure
- ❑ Change of Use
- ❑ Alteration
- ❑ Repair
- ❑ Move
- ❑ Remove
- ❑ Electrical
- ❑ Other _____

Description: _____

VALUATION / CONSTRUCTION COST:

$_____

ZONING CLASSIFICATION: _____

Use of Building: _____

If Change of Use, From What? _____

Contractor _____

Address _____

Phone _____ License No. _____

Subcontractors
Name _____ License No. _____

Architect/Engineer _____

Other _____

PRIOR TO ANY CONSTRUCTION, this permit application if applicable must be approved by the Zoning Board, Water/Sewer Department, the Building Inspector, and the Fire Marshall. The purpose of this application is to assure the property owner and the Town of Callahan that all regulations and requirements of the Town's Ordinances are being met.

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 the provision of any other state or local law regulating construction or the performance of construction.

Property Owner's Signature _____ (Date) _____ Applicant's Signature _____ (Date) _____

FOR OFFICIAL USE

ZONING BOARD
- ❑ Application Review Only
- ❑ Site Inspection Performed
- ❑ Surveyor's Plat Required

- ❑ APPROVED
- ❑ REFUSED
- ❑ See Special Conditions Below

WATER DEPARTMENT
- ❑ Water Available
- ❑ Water Not Available
- ❑ Sewer Available
- ❑ Sewer Not Available

BUILDING DEPARTMENT Permit Fee $ _____

This application is in compliance with
❑ Zoning Ordinance ❑ Comprehensive Plan

_____

Public Works Director _____

Fire Marshall _____

Building Inspector _____

RADON FEE $_____

Signature _____ Date _____

Type of Const.		Occupancy Group
Size of Bldg. Sq. Ft.	No. of Stories	Max. Occ. Load
Fire Zone	Use Zone	Fire Sprink Required ❑ Yes ❑ No

Special Conditions:

WHEN PROPERLY VALIDATED (IN THIS SPACE BY SIGNATURE & SEAL) THIS IS YOUR PERMIT

Application Accepted by	Plans Checked by	Approved for Issue

FEES	Required	Not Required	Amount	Rec. #
Move-On Fee				
Water Tap				
Sewer Tap				