

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

Date _____

APPLICATION # **N^o**

Name _____		Phone No. _____	
Address _____			
Location _____			
Legal Description	Lot	Block	Tract
(See attached <input type="checkbox"/>)			
PROPOSED STRUCTURE:	CHECK ONE: <input type="checkbox"/> Residential <input type="checkbox"/> Mobile Home <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Rezoning		CHECK ALL THAT APPLY: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Detached Structure <input type="checkbox"/> Change of Use <input type="checkbox"/> Alteration
			<input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Remove <input type="checkbox"/> Electrical <input type="checkbox"/> 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 _____			
<p>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.</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 the provision of any other state or local law regulating construction or the performance of construction.</p>			
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 <input type="checkbox"/> Yes <input type="checkbox"/> No						
Special Conditions:				FEES				
				Required	Not Required	Amount	Rec. #	
				Move-On Fee				
				Water Tap				
				Sewer Tap				
WHEN PROPERLY VALIDATED (IN THIS SPACE BY SIGNATURE & SEAL) THIS IS YOUR PERMIT								
Application Accepted by	Plans Checked by	Approved for Issue						

ALL BUILDING PERMITS MUST HAVE CERTIFICATE OF OCCUPANCY