



# RESIDENTIAL PERMIT APPLICATION

## CITY OF HUDSON OAKS

210 N. Lakeshore Drive  
 Hudson Oaks, TX 76087  
 Phone: 682-229-2403  
 Fax: 682-229-2429

Building Permit Number: \_\_\_\_\_ Valuation: \_\_\_\_\_

Project Name/Type: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Project Address: \_\_\_\_\_ Square Foot: \_\_\_\_\_

Project Description:    New     Addition     Remodel     Finishout   
                                  Plumbing     Electrical     Mechanical     Other

Scope of Work: \_\_\_\_\_

Electric Provider: \_\_\_\_\_    Septic     Sanitary Sewer

Owner Information: \_\_\_\_\_

Owner's Name: \_\_\_\_\_    Contact Person: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_    Fax Number: \_\_\_\_\_    Mobile Number: \_\_\_\_\_

Engineer	Contact Person	Phone Number	Fax Number
Architect	Contact Person	Phone Number	Fax Number
General Contractor	Contact Person	Phone Number	Contractor License Number
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number
Electrical Contractor	Contact Person	Phone Number	Contractor License Number
Plumbing Contractor	Contact Person	Phone Number	Contractor License Number

*It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized has not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.*

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 or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: \_\_\_\_\_    Date: \_\_\_\_\_

OFFICE USE ONLY:

Approved by: _____	Date Approved: _____
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Plan Review Fee: \_\_\_\_\_    Permit Fee: \_\_\_\_\_

Building Permit Fee: \_\_\_\_\_    Issue Date: \_\_\_\_\_

Impact Fee: \_\_\_\_\_    Issued By: \_\_\_\_\_

BV Project #: \_\_\_\_\_