



CITY OF ABILENE

BUILDING
INSPECTIONS

Building Permit Application

This application must be complete before a permit will be issued. No work shall be performed or fee accepted until the permit has been approved and issued. ***Required fields**

*Lot: _____ *Block: _____ *Addition: _____ *Plasticity Index: _____.

*Is Property located within a Flood Plain: YES NO

*Job Address: _____.

*Water Supply: CITY OTHER _____ *Water Meter Size: _____

*Sanitary Sewer: CITY PRIVATE

*Electric Supplier: AEP Taylor Other _____

Name of Business (if applicable): _____.

*Contractor: _____ *Contact Person: _____.

*Contact Person E-mail Address: _____ *Phone: _____.

Contractor Address: _____ City: _____ State: _____ Zip: _____.

*A/C Sq.Ft.: _____ *Total Under Roof Sq.Ft. _____.

*Total Living Sq.Ft. _____.

*Valuation of Work: \$ _____ (Total cost of construction excluding cost of land) If construction is valued over \$50,000 and is not residential, TDLR Project No. (Required):

- The City of Abilene will arrange a Development Review Meeting with owner and contractor for all new "ground up" commercial projects. You may decline such meeting by signing here: _____

*Class of Work: New Alteration Addition Repair Moving

*Structure Type: One-Two Family Multi-Family Commercial Industrial Other: _____

*Proposed Setbacks: Front _____ Back: _____ Side: N S E W _____ Side: N S E W _____
Curb: _____

*Description of Work: _____

List Subcontractors Below

***Subcontractors indicated shall register with the City of Abilene Building Inspections Department before permits are processed. Contractors shall validate the permit issued for this construction. Separate permits will not be issued for the various trades.**

**** Alarms are required to be permitted and registered with the City of Abilene Police Department.**

***ELECTRICAL:** _____ **CONCRETE:** _____

***PLUMBING:** _____ ***ROOFING:** _____

***HVAC:** _____ **SEPTIC:** _____

FRAMING: _____ ****ALARM:** _____

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 the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local laws regulating construction or the performance of construction. By signing below, I understand that I shall meet all City Ordinances and Development Standards applicable to the appropriate zoning.

***Date:** _____

***Applicant Signature:** _____

***Printed Name:** _____

To schedule inspections call 325-676-6273/6232, email buildingpermits@abilenetx.com or log on to mygov.us/login

***** OFFICE USE ONLY *****

Planning: Reviewed by: _____ Date: _____

Site plan required? Y N Zoning: _____

Minimum Setbacks: Front _____ Back: _____ Side: N S E W _____ Side: N S E W _____

Curb: _____ Parkway Width: _____

Flood Plain: Y N Sidewalks: Y N

Min. elevation: _____ or 18" above gutter, grade: _____

Zoning Approval: _____ Engineering Approval: _____

Notes: _____

Building Inspection: Reviewed by: _____ Time Received: _____ Date: _____

Floor Plan: _____ Foundation Plan: _____ Energy Report: _____ Asbestos Verification: _____

Set-Back Verification: _____ TDLR#? Y N Site plan approved? Y N Plan Review Complete: _____

Notes: _____