



City of Pearsall
 215 S Ash
 Pearsall, TX 78061
 Phone: (830) 334-5753
 Fax: (830) 337-4750

Residential Permit Application

Applicant

Name: _____ Address: _____ City, State: _____ Zip: _____

Email: _____ Cell: _____ Fax: _____

Owner of Property: (if different from applicant)

Name: _____ Address: _____ City, State: _____ Zip: _____

Email: _____ Cell: _____ Fax: _____

Property Address: _____ Lot Dimensions: Frontage: _____ Depth: _____ Sq. Ft: _____ Zoning District: _____

Utilities Needed: Water Sewer Gas Electricity Floodplain: Yes No **If yes, a floodplain development permit is required**

Project Description: New Building Addition/Remodel Alterations/Renovations Code Consult Other
 (Provide details in comments section)

Comments: _____

Cost: Cost of Improvement: \$ _____ Electrical: \$ _____ Plumbing: \$ _____ Heating & Air: \$ _____

Total Cost: \$ _____

Architect/Designer:	Contact Person:	Phone:	Registration #:
Engineer: (if applicable)	Contact Person:	Phone:	License #:
General Contractor:	Contact Person:	Phone:	License #:
Electrical:	Contact Person:	Phone:	License #:
Plumber:	Contact Person:	Phone:	License #:

**A permit becomes null and void if work or construction authorized is not commenced within 180 days of the date of permit issuance or work is suspended or abandoned for a period of 180 days at and time after work is commenced. All permits may require one or more inspections.*

I understand that by applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections during normal business hours for the duration of the permit.

 Signature of Applicant

 Date