

City of Lamesa, Texas

Buildings and Inspections Department

Application for Permit

Date:*		Permit No.
To the inspector of build The undersigned hereby		ld according to the following specifications:
Street address of pro	perty:	
2. Lot No.	Block	Subdivision
Zoning Classification		
3. Owner*		Address*
Phone:*		E-mail:
		E-IIIaII
4. Building Contractor:		Address:
Phone:		E-mail:
r		
5. Plumbing Contractor:		
Dhara		Address:
Phone		License#

Pnone:		License #:	
6. HVAC Contractor:		Address:	Select Language N
Phone:		License#:	
7. Electrical Contractor:			
ŗ			
Phone:		EAB #:	
8. Purpose of Permit* L Select One	If other explain:		
9. New residential constr	ruction features:		
Bedrooms:	Bathrooms:	No. of Stories	Basement:
Garage/Carport:	No. of families:	Other:	ſ
10. Commercial Constru	ction Classification:	11. Type of exterior finish	:
12. Size of Lot:	No. of Feet Front	No. of Feet Rear	No. of Feet Deep
13. Size of building:	No. of Feet Front	No. of Feet Rear	
No. of Feet Deep	Height		
14. Setback from Curb:		Setback from Lot Lines	
15. Variance No.			

Foundation depth: Edge

16. Foundation Type

 $\begin{array}{ll} \text{(.- Select} \\ Language \ v \,) \end{array}$

Center					
Rebar Size:	_				
17. Foundation Treatment Pr	ovidedBy:				
18. Type of Roof:		Roofing	Material:		
1 Select One					
19. HVAC System Size and Type:		Water H	Water Heater Size and Type		
20. Water Meter tap Size		Sewer T	ap Size	Gas Line Size	
Electric Service Size		v			
21. Mobile Home Description		Year Mo	odel:		
Serial No.		ı			
r					
22. Value of Construction (La	abor andMaterial)):			
By checking this box, I certify Office for a permit to erect, re this detailed statement, and puildings in conformity with s of the Building Ordinance and correct. State of Texas, Cour I agree	emodel, repair, or plans filed with th aid plans and de d all applicable co	r remove a buil le Building Insp tailed statemer odes, and that	ding or part the ector, and I ant, and in com	nereof in accordance with gree to construct said pliance with all provisions	
	Deld by		Emp	oloyee initials:	
Fee Collected	Paid by:				
Fee Collected	Cash				
Fee Collected					