

City of Slaton

BUILDING PERMIT APPLICATION
Office: 806-828-2000 • Fax: 806-828-2002

Permit No. _____

ESTIMATED VALUE: _____

ELECTRICAL VALUE: _____

APPLICANT EMAIL: _____

APPLICANT FAX: _____

JOB SITE ADDRESS _____

ZIP CODE _____

SUITE _____

JOB DESCRIPTION:

Property Owner	Name <i>Same as Above</i> <input type="checkbox"/>		
	Address		
	City	State	Zip
	Phone		
General Contractor:	Name Address		
	City State Zip Phone		
<div style="background-color: #f0f0f0; padding: 5px; font-size: 0.8em;"> TRCC Reg: Yes No Licensed: Yes No Ins - GL: Yes No Ins - WC: Yes No </div>			
Contact Person		Phone	
Architect		Phone	
Property Description	Lot	Block	Subdivision
Notice: No changes shall be made from that which is stated in this application, or in attached plans & specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and know the same to be true & correct.			
Signature of Applicant or Permittee		Date	
↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓ FOR OFFICE USE ONLY ↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓			
P.P.I. No.		Master Plan No.	
Zoning Check By:	Date:	<i>Description</i>	<i>Sq. Footage</i>
Zone Dist. _____ School Dist. _____ Flood Plain Yes No Asbestos Survey Required Yes No		Unf. Basement	\$
		Fin. Basement	\$
		Living Space	\$
		Garage	\$
		Deck/Porch	\$
		Total Valuation:	\$
Construction Type:		Occupancy:	
Staff Comments: FD: _____ Sub List: Yes No (Will fax to Licensing)		Permit Fee	\$
		Plan Review Fee	\$
			\$
		Total	