

CITY OF BRUCEVILLE-EDDY
144 WILCOX DRIVE
EDDY, TEXAS 76524
254-859-5700 FAX 254-859-5779
water@bruceville-eddy.us

Office Use Only
Total Permit Fee \$ _____
Received By: _____
Date: _____

RESIDENTIAL PERMIT APPLICATION

PERMIT # _____ INSPECTION REPORT # _____

Project Address: _____ Zoning District: _____

Project Description:

New SFR _____ SFR Remodel/Addition _____ Electrical _____ Plumbing _____

Mechanical _____ Insulation _____ Accessory Building _____ Carport _____

Other _____

Description of Work:

Area Square Feet:

Living: _____ Porch: _____ Garage: _____ Carport: _____ Accessory Building: _____

Owner Information:

Name: _____ Contact Person: _____

Address: _____

Phone: _____ Cell phone # _____ Email address _____

General Contractor	Contact Person	Phone	Contractor License Number
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Mechanical Contractor	Contact Person	Phone	Contractor License Number
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Electrical Contractor	Contact Person	Phone	Contractor License Number
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Plumber/Irrigator	Contact Person	Phone	Contractor License Number
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A permit becomes null and void if work or construction authorized is 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.

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.

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. I have reviewed the Bruceville-Eddy Ordinance and the residential requirements. 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.

Sign of Applicant: _____ Date: _____