



MISCELLANEOUS RESIDENTIAL BUILDING APPLICATION

| *REQUIRED FIELDS* PROPERTY/PROJECT INFORMATION | |
|--|---|
| **PROJECT (complete) Address: | |
| *OWNER (full) Name: | *OWNER Phone#: |
| *OWNER Address: | **IS HOUSE OCCUPIED: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| *CONTRACTOR/COMPANY/OWNER INFORMATION | |
|---------------------------------------|------------------|
| *Company Name: | *Company Phone#: |
| *Company (full) Address: | *EMAIL: |

| *TYPE OF PERMIT (Check/Circle ALL that Apply!) | | | |
|---|---|--|---|
| <input type="checkbox"/> Roof Replacement | <input type="checkbox"/> Patio/Deck/Driveway/Sidewalk/Flatwork/Slab | <input type="checkbox"/> Porch/Arbor/Pergola | <input type="checkbox"/> MISC. |
| <input type="checkbox"/> Accessory Building/Generator | <input type="checkbox"/> Swimming Pool/Hot Tub | <input type="checkbox"/> Remodel/Add-on | <input type="checkbox"/> Foundation Repair |
| *Complete Description of Work to be done: | | | |
| Total (Complete) Square Feet: | Deck/Driveway/Slab Square Feet: | Patio Cover/Pergola Square Feet: | Fire Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Total Cost of Improvement/Valuation: \$ | | *Manufactured Home: <input type="checkbox"/> Yes <input type="checkbox"/> No | FENCE SIZE Height: |

| *PROPERTY OWNER/AGENT AUTHORIZATION | | |
|--|---------------|-------------------|
| Homeowners Association: If the property is located in a subdivision with an (active) Homeowners Association (HOA), please indicate whether approval has been obtained or if required for any of the work being done at this address or property as part of this application. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| Property Owner Consent/Agent Authorization: By my signature, I hereby affirm that I am the property owner of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is complete and accurate, and it is understood that I agree to the application being requested for this property. Additionally, my signature below indicates my awareness of the fee required at the time of the application submittal and any additional fees as noted in the City's Fee Schedule. This, (FEE IS) non-refundable even in the event of application withdrawal. I have the power to authorize and hereby grant permission for City of Dickinson Officials to enter the property on official business as part of the application process | | |
| *SIGNATURE of Contractor/Authorized Agent | *PRINTED NAME | *APPLICATION DATE |

| (FOR COMMUNITY SERVICES OFFICE USE ONLY) | |
|--|---|
| Misc./Permit Number#: _____ | PLAN RVW FEES; (ONLY) DUE: \$ _____ + _____ = _____ |
| Date Submitted: _____ | PERMIT FEES (TOTAL) DUE: \$ _____ |
| ZONING: _____ Plan Reviewer: _____ | Payment(s) RCVD: _____ / _____ |
| FLOOD ZONE: _____ Date: _____ | <input type="checkbox"/> Approved |
| | <input type="checkbox"/> DENIED |

****INCOMPLETE APPLICATIONS WILL "NOT" BE ACCEPTED****
 You May Email Application (ONLY) to: permits@ci.dickinson.tx.us