



Department of Building Safety

808 S Buchanan St
Amarillo, TX 79101-2539

Inspection Line 806-342-1555–Phone 806-378-3041–Fax 806-378-3085

Applicant to Complete All Items in Sections I, II, III, IV, V and VI

Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

I. Project Information			
<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> NON-RESIDENTIAL	
PROJECT NAME		PARCEL I.D. / TAX I.D.	
ADDRESS		COUNTY	ZIP CODE
II. Identification			
A. Owner or Lessee			
NAME		TELEPHONE # (Include Area Code)	CELL PHONE #
ADDRESS		CITY	STATE ZIP CODE
E-MAIL ADDRESS		FAX NUMBER	
B. Architect or Engineer			
NAME		TELEPHONE # (Include Area Code)	CELL PHONE #
ADDRESS		CITY	STATE ZIP CODE
E-MAIL ADDRESS		FAX NUMBER	
C. Contractor			
NAME		TELEPHONE # (Include Area Code)	CELL PHONE #
ADDRESS		CITY	STATE ZIP CODE
E-MAIL ADDRESS		FAX NUMBER	
III. Type of Improvement and Plan Review			
A. Type of Improvement			
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> REPAIR/REPLACE	<input type="checkbox"/> ACCESSORY BLDG.	<input type="checkbox"/> MOVING
<input type="checkbox"/> ADDITION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> MISC
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> DECK	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY
B. Work to be performed			
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL
<p>Plans must be submitted with an Application for Plan Examination and the appropriate fees before a permit can be issued, except as listed below.</p> <p><input type="checkbox"/> ROOFING, SIDING, WINDOWS</p> <p><input type="checkbox"/> ALTERATIONS AND REPAIR WORK DETERMINED BY THE BUILDING OFFICIAL TO BE OF A MINOR NATURE</p> <p style="text-align: center;">Plans and specifications are required for all other building projects.</p>			

IV. Proposed Use of Building

A. Residential – Proposed Use

- | | |
|--|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Wood Burning Stove |
| <input type="checkbox"/> Two Family | <input type="checkbox"/> Masonry Fireplace |
| <input type="checkbox"/> Multi-Family (Number of Units _____) | <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning |
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Pre-Fab Fireplace |
| <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Unfinished Basement | <input type="checkbox"/> Modular Home |
| <input type="checkbox"/> Crawl Space / Pier & Beam | <input type="checkbox"/> Mobile Home/Manufactured Home |
| <input type="checkbox"/> Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> # of Bedrooms _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> # of Bathrooms: Full _____ Partial _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
- Is there a fireplace in a bedroom: Yes No

B. Non-Residential – Proposed Use

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Business |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Hazardous |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Mercantile |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Utility or Miscellaneous | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hazardous material to be stored on site | |

Type of Use _____

Type of Construction _____

IMPERVIOUS SURFACE AREA: _____
(FORMULA: TOTAL AREA OF LOT MINUS TOTAL AREA OF LIVING GROUND COVER)

DESCRIBE PROJECT IN DETAIL: _____

V. Selected Characteristics of Building

A. Principal Type of Frame

- WOOD FRAME MASONRY WALL BEARING STRUCTURAL STEEL REINFORCED CONCRETE OTHER: _____

B. Principal Type of Heating

- NATURAL GAS LP GAS ELECTRICITY GEO THERMAL OTHER: _____

C. Type of Sewage Disposal

- PUBLIC SEPTIC SYSTEM

D. Type of Water Supply

- PUBLIC PRIVATE WELL OR CISTERN

E. Type of Mechanical

- WILL THERE BE AIR CONDITIONING? YES NO WILL THERE BE AN ELEVATOR? YES NO

F. Dimensions

NUMBER OF STORIES _____	FLOOR AREA: TOTAL AREA _____
COST OF CONSTRUCTION _____	1ST FLOOR _____
TEXAS ARCHITECTURAL BARRIERS ACT/EABPRJ# _____	2ND FLOOR _____
"Required for Commercial projects over \$50,000"	OTHER FLOOR _____
	BASEMENT _____

VI. Applicant Information

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION

APPLICANT: CONTRACTOR ARCHITECT/ENGINEER HOMEOWNER**(See Homeowner Affidavit)

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF TEXAS AND THE CITY OF AMARILLO. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

DAYTIME PHONE #

PRINTED NAME

ADDRESS

****HOMEOWNER AFFIDAVIT:** I HEREBY CERTIFY THAT THE WORK DESCRIBED ON THIS PERMIT APPLICATION SHALL BE INSTALLED BY MYSELF IN MY OWN HOME IN WHICH IS MY LEGAL RESIDENCE OF RECORD AND I HAVE NOT OBTAINED OR HELD A BUILDING PERMIT WITHIN ANY TWO (2) YEAR PERIOD AS A HOMEOWNER FOR WORK AT (3) DIFFERENT ADDRESSES. ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE CITY OF AMARILLO BUILDING CODE. I WILL COOPERATE WITH THE CITY OF AMARILLO INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR REQUIRED INSPECTION.