



Building Permit Application

Town of Bartonville

1941 E. Jeter Road • Bartonville, Texas 76226

817-693-5280 • Fax 817-491-6367

Email: permits@townofbartonville.com Website: www.townofbartonville.com

Site Information

Property Address:		Subdivision	
Permit Request		Construction Type	
<input type="checkbox"/> New Permit <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Revision <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Other:		<input type="checkbox"/> Commercial <input type="checkbox"/> Residential, Single-Family <input type="checkbox"/> Other:	
		<input type="checkbox"/> New Building <input type="checkbox"/> Remodel: New Use <input type="checkbox"/> Remodel: Existing Use <input type="checkbox"/> Accessory Building <input type="checkbox"/> Accessory Dwelling <input type="checkbox"/> Grading/Drainage <input type="checkbox"/> Patio Cover/Carpent <input type="checkbox"/> Fire Pit/Fire Place	
		<input type="checkbox"/> Finish Out <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Flatwork <input type="checkbox"/> Driveway/Culvert <input type="checkbox"/> Demolition <input type="checkbox"/> Food Plan Review	
		<input type="checkbox"/> Sign <input type="checkbox"/> Fence <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Irrigation <input type="checkbox"/> Deck <input type="checkbox"/> Water Well <input type="checkbox"/> Other	

★Application must be submitted with a corresponding Plan Review Checklist.

Description of Work:

Describe work to be done:

Project Valuation \$	Project Sq. Ft: A/C _____ Non A/C _____ TOTAL Sq. Ft. _____		
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Responsible Parties

Owner / Tenant:		Office #:	Cell #:
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Address:	City/State:	Zip:	Email:
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Contractor Type	Business Name	Address	City, State, Zip	Phone
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+ All contractors and sub-contractors must be registered with the Town of Bartonville prior to permit approval.

General	
Plumbing	
Electrical	
Mechanical-HVAC	

A permit becomes null and void if construction authorized is not commenced in 180 days, or if construction is suspended or abandoned for a period of 180 days at any time after work is commenced. I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the Town Ordinances, Adopted Codes and State Laws will be complied with whether herein specified or not. Any approved comments and/or checklists are no all-inclusive. I agree to comply with all property restrictions. I am the owner of the property or a duly authorized agent. Permission is hereby granted to enter the premises and make all inspections.

APPLICANT NAME:	SIGNATURE:	DATE:
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CONTACT PHONE:	ALTERNATE CONTACT PHONE:
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EMAIL:	Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other
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Permit Number:	Received By:	Date:
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Total Fee:	Date Paid	
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REVIEWED AND APPROVED BY:	Date:
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