



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	Permit 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/Carport <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"/> 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. Ff. _____

Responsible Parties

Owner / Tenant:	Office #:	Cell #:
Address:	City/State:	Zip: Email:

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 any work commencing.**

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:
CONTACT PHONE:	ALTERNATE CONTACT PHONE:	
EMAIL:	Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other	

Permit Number:	Received By:	Date:
Total Fee:	Date Paid	
REVIEWED AND APPROVED BY:		Date:



PERMIT NUMBER: _____

FOR OFFICE USE ONLY

Septic Application Submitted (if applicable) [] Yes

Zoning:

Flood Plain:

Minimum Street Frontage:

Min. Building Setbacks from Property Line:

Front:

Front Side:

Side:

Rear:

Property File and Plat reviewed for any special conditions:

CUP:

Variance:

Easements:

Other:

Special Conditions:

No. of off-street parking spaces required:

Type of Construction:

Occupancy Group:

Permit Fees

NEW RESIDENTIAL FEES*

*Residential A/C \$0.65 sf

\$

*Residential Non-A/C \$ 0.45 sf

\$

*Grading and Drainage \$275.00

\$

*Culvert/Driveway

\$

Electrical

\$

Mechanical

\$

Plumbing

\$

Contractor Registration

\$

\$

\$

\$

\$

Total Due

\$

Date:

Miscellaneous Notes:

Date: _____