



# CITY OF HUMBLE BUILDING PERMIT APPLICATION

JOB ADDRESS:							
LEGAL DESCRIPTION:	LOT NO:	BLOCK:	TRACT:	SUBDIVISION			
LOT DESCRIPTION:	TOTAL AREA:		SETBACKS:	FRONT:	REAR:	LEFT:	RIGHT:
GENERAL CONTRACTOR:	MAILING ADDRESS	CITY	ZIP	PHONE NUMBER			
ARCHITECT/DESIGNER/ENGINEER:	MAILING ADDRESS	CITY	ZIP	PHONE NUMBER			
CLASS OF WORK <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> INTERIOR DEMO							
DESCRIBE CONSTRUCTION WORK:							
VALUATION:							
TYPE OF CONSTRUCTION:		OCCUPANCY GROUP	TOTAL SQ. FT.	NO. OF STORIES			
FLOOD ZONE: YES _____ NO: _____ IF "YES" SLAB ELVEATION @ 1.5' ABOVE BFE							
<b>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATION OR AIRCONDITIONING. THIS PERMIT BECOMES NULL AND VOID AFTER 6 MONTHS OF CONSTRUCTION INACTIVITY</b>							
PLEASE COMPLETE THE FOLLOWING QUESTIONS:							
Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission for Hazardous Pollutants (NESHAP)? YES: _____ NO: _____ DATE OF SURVEY: _____ TDH Lic. No. _____							
Has the building or facility been registered with TDLR for compliance with Texas Accessibility Standards? YES: _____ NO: _____							
TDLR PROJ. NO. _____							
_____ Signature of Contractor or Authorized Agent      Date				_____ Signature of Property Owner      Date			
<b>FOR DEPARTMENT USE ONLY</b>							
BUILDING PERMIT NO.: _____				DATE ISSUED: _____			
<input type="checkbox"/> SEWER CAPACITY <input type="checkbox"/> HEALTH DEPT. <input type="checkbox"/> TDLR <input type="checkbox"/> TAXES							