

Permit# _____
BV# _____

City of Flatonia
New Construction, Remodels, Additions & Accessory Structures

125 E. South Main Street
PO Box 329
Flatonia, TX 78941
Phone (361) 865-3548 - Fax (361) 865-2817
E-mail: jschaffner@ci.flatonia.tx.us

Date: _____

Applicant's Name: _____ Phone: _____

Property Owner's Name: _____ Phone: _____

Project Address: _____

E-mail: _____

Please select ONE project type:

Residential

Tex. Prop. Code § 41.002 - To qualify as a HOMESTEAD, a residential property must:

- ❖ Be their primary residence
- ❖ Have exemption filed with the Appraisal District where property is located
- ❖ Be occupied by this owner for a minimum of 12 months after work is performed

Is this the property owner's HOMESTEAD? Yes No

Will they be acting as their own contractor? Yes No

Commercial

Tex. Gov. Code, Title 4, Subtitle E, Chapter 469, Elimination of Architectural Barriers.

- ❖ Projects with a total estimated cost of \$50,000 or more must be registered with TDLR
- ❖ To register a project, you must register online at tdlr.texas.gov/TABS

Will this project be valued at OVER \$50,000? Yes No

If **YES** - TDLR EAB Project Registration #: _____

ALL project types:

This project is:

(Choose one)

- ☐ New Construction
- ☐ Addition *(Adding square footage)*
- ☐ Remodel *(No additional square footage)*
- ☐ Accessory Structure *(non-dwelling)*

For Remodels & Additions only:

Will the current use of the building change?

➤ Current Use: _____

➤ Changing To: _____

Number Of:

Stories _____

Bedrooms _____

Bathrooms _____

Square Footage:

Living _____

Garage _____

Covered Porch _____

TOTAL: _____

This project involves:

- ☐ Electrical
- ☐ Plumbing
- ☐ Mechanical (HVAC)
- ☐ Irrigation
- ☐ Demolition
- ☐ Other: _____

Description of work to be done:

Valuation of Project: _____ **Est. Start Date:** _____ **Est. Days To Complete:** _____

City of Flatonia Contractor List

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LIST ALL CONTRACTORS:

Electrical: _____ **Contact:** _____

Phone: _____ **Email:** _____

Plumbing: _____ **Contact:** _____

Phone: _____ **Email:** _____

Mechanical: _____ **Contact:** _____

Phone: _____ **Email:** _____

Irrigation: _____ **Contact:** _____

Phone: _____ **Email:** _____

General: _____ **Contact:** _____

Phone: _____ **Email:** _____

- ❖ Double fees will be charged for starting work prior to issuance of permits.
- ❖ All permits become invalid if the work authorized has not commenced within 180 days after its issuance, or if the work is suspended/abandoned for a period of 180 days after the time the work is commenced.
- ❖ All contractors used for this project must be listed on this application
- ❖ Registration must be completed BEFORE permits can be issued
- ❖ All contractors must provide a Certificate of Liability
- ❖ If you change contractors for any reason at any time on this project you must notify the Building Department of the replacement for that trade

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Print Name: _____

Signature: _____

For Office Use Only:

PID: _____

CAD Verified Property Owner: _____

Notarized Homestead Agreement: Yes No N/A