



BUILDING PERMIT

Town of Westlake * 1301 Solana Boulevard, Building 4, Suite 4202 * Westlake, TX 76262
 Telephone: (817) 430-0941 * Fax: (817) 430-1812
 e-mail: customerservice@westlake-tx.org

No: _____
 MyGov #: _____

Inspection requests:
customerservice@westlake-tx.org
(817) 490-5718

Property Information		
JOB ADDRESS:		TDLR / EAB #:
SUBDIVISION:	LOT:	BLOCK:

Land Owner Information		
LAND OWNER NAME:		
ADDRESS - CITY - STATE - ZIP:		
PHONE NUMBER:	FAX NUMBER:	CELL NUMBER:

Contractor Information		
GENERAL CONTRACTOR:		REGISTRATION GOOD THRU:
CONTACT NAME:		CONTACT PHONE NUMBER:
ADDRESS, CITY, ST, ZIP:		EMAIL:
COMPANY PHONE NUMBER:	COMPANY FAX NUMBER:	OTHER NUMBER:

Building Information		
RESIDENTIAL-SINGLE FAMILY <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	POOL/SPA <input type="checkbox"/> OTHER <input type="checkbox"/>
BRIEF DESCRIPTION OF PROJECT (include name of tenant and suite number if applicable):		
ESTIMATED BUILDING VALUATION:	AC SQ. FT.:	TOTAL SQ. FT.:

Sub contractor List			
TYPE	CURRENTLY REGISTERED	COMPANY NAME	PHONE NUMBER
Backflow Testing			
Electrical			
Irrigator			
Mechanical			
Plumbing			
Pool/Spa			

Separate permits are not required for electrical, plumbing, and mechanical installation.

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

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.

Signature (Contractor)

Printed Name

Today's Date

WESTLAKE OFFICE USE ONLY	
COMMENTS	FEE SCHEDULE
	PERMIT FEE:
	PLAN REVIEW FEE:
	INSPECTION FEE:
	FIRE SPRINKLER FEE:
	DUCT BANK FEE:
	GRADING & EXCAV FEES:
	OTHER:
	COMMERCIAL BUILDING FIRE DEPARTMENT PLAN CHECK FEE:
	TOTAL DUE:
	Check Number:
	Amount Paid:
	Paid Date:

Accepted By: _____	Plans Reviewed/Approved By: _____	Issued By: _____	Appraisal District: _____
Date: _____	Date: _____	Date: _____	Date: _____