

PERMIT APPLICATION



CITY OF LLANO, TEXAS

Project Address: _____	PERMIT #
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STEP 1: APPLICANT & OWNER INFORMATION | *Required*

Applicant : _____

Phone & Email: _____

ISSUE DATE:

OFFICE ONLY

STEP 2: PROPERTY INFORMATION | *Required*

Property Owner Name: _____

Contact Phone No.'s: _____

Email Address's: _____

Zoning District: _____ Residential Commercial Historic District

DATE RECEIVED:

RECEIVED BY:

PLAN REVIEW :

SUPPORT DOCS:

PARCEL NO.:

INTENDED USE:

STEP 3: SPECIAL REQUIRMENTS | *Check the box that applies . Fill in areas that apply.*

Allowed Based on District, Zone and Use Chart Allowability. If not Allowed or "S" then;

Special Use or Variance Required. If checked then, City Council Hearing Date: _____

Variance or SUP Approved Ordinance &/or SUP #: _____

OFFICE ONLY

STEP 4: PROJECT TYPE | *Check & Circle* | **All Commercial Properties: Asbestos Survey is required prior to permit issued and work begins!*

<input type="checkbox"/> New Build* &/or New Addition*	<input type="checkbox"/> Repair / Replacement / Reroof	<input type="checkbox"/> Electrical / Solar	<input type="checkbox"/> Framing / Fence / Deck
<input type="checkbox"/> Remodel* &/or Renovation*	<input type="checkbox"/> Grading / Drainage / Flatwork	<input type="checkbox"/> Plumbing / Irrigation	<input type="checkbox"/> Pool ≥24" depth
<input type="checkbox"/> Garage / Carport / Awning	<input type="checkbox"/> Clearing / Demolition / Moving BLDG	<input type="checkbox"/> Mechanical / Fire	<input type="checkbox"/> Signage/ _____

STEP 5: WORK DESCRIPTION | *Scope of Work* | **New or Remodels: A Certificate of Occupancy is required before being occupied.*

VALUATION: _____	SQ. FOOTAGE: _____
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OFFICE ONLY
Llano Contractor
Registration No.

STEP 6: TECHNICAL SERVICES | *All Licensed & Certificate Holders Information is Required & must be Registered*

<input type="checkbox"/> PLUMBING	CONTRACTOR: _____	LIC. NO.: _____
<input type="checkbox"/> BACKFLOW	CONTRACTOR: _____	LIC. NO.: _____
<input type="checkbox"/> ELECTRICAL	CONTRACTOR: _____	LIC. NO.: _____
<input type="checkbox"/> MECHANICAL	CONTRACTOR: _____	LIC. NO.: _____
<input type="checkbox"/> FIRE	CONTRACTOR: _____	LIC. NO.: _____
<input type="checkbox"/> GENERAL CONTRACTOR	CONTRACTOR: _____	LIC. NO.: _____

I acknowledge the following; Plan Review may take 2-3 weeks up to 45 days, with approval or denial; City Official & 3rd party inspectors are granted access/permission to enter the project property for the purpose of required safety and code inspections; the permit is valid for 180 days and may extend to 365 days, if work has commenced; written extension (90 days) request may be granted with a fee of min. \$150; All contractors must be provided prior to commencement and confirmed by the contractor for this project to be valid regardless of issuance. All contractors must be registered. I (the applicant) acknowledge and certify that all the above information provided on this application is true and correct to include all supporting documents provide with this application.

Signature: _____	Date: _____
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STEP 7: ADDITIONAL PROJECT DETAILS <i>Scope of Work</i>	ISSUE DATE:
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OFFICE ONLY

STEP 8: SUPPORTING DOCUMENTS CHECKLIST	OFFICE ONLY
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<input type="checkbox"/> APPLICATION <input type="checkbox"/> SURVEY <input type="checkbox"/> SITE PLAN <input type="checkbox"/> FLOOR PLAN EXISTING <input type="checkbox"/> FLOOR PLAN PROPOSED <input type="checkbox"/> ENERGY REPORT <input type="checkbox"/> BUILDING PLAN ENGINEER SEAL <div style="margin-left: 20px;"> <input type="checkbox"/> Elevation Plan <input type="checkbox"/> Technical Plans <input type="checkbox"/> Material Specification <input type="checkbox"/> Foundation Plans </div>	NOTES:
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OFFICE ONLY

<input type="checkbox"/> FLOODPLAIN COUNTY PERMIT >>>> <input type="checkbox"/> TCEQ APPROVAL, If Required <input type="checkbox"/> LCRA PERMIT / LETTER <input type="checkbox"/> ASBESTOS SURVEY/REPORT* <input type="checkbox"/> FOUNDATION ENGINEER LETTER	FLOOD NOTES: <i>If applicable</i> 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">OFFICE ONLY</td> </tr> </table>	OFFICE ONLY
OFFICE ONLY			