

PERMIT: \_\_\_\_\_  
DATE ISSUED: \_\_\_\_\_

**CITY OF BLOOMING GROVE**  
**200 SOUTH FORDYCE STREET, P.O. BOX 237**  
**BLOOMING GROVE, TX 76626**  
**903-695-2711**  
**903-695-2482 (FAX)**

**BUILDING / SIGN PERMIT APPLICATION**

PROJECT ADDRESS: \_\_\_\_\_

PROPERTY OWNER / TENANT: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

ARCHITECT / ENGINEER: \_\_\_\_\_

TDLR ARCHITECTURAL BARRIERS REGISTRATION NO. \_\_\_\_\_

LEGAL DESCRIPTION: LOT NO. \_\_\_\_\_ BLOCK \_\_\_\_\_

NAME OF SUBDIVISION: \_\_\_\_\_

CLASSIFICATION (check one):  COMMERCIAL  RESIDENTIAL

TYPE OF WORK:  NEW CONSTRUCTION  REMODEL  DEMOLITION  DRIVEWAY

DRAINAGE  IRRIGATION  FENCE  ROOF  SIGN  SWIMMING POOL

FIRE SPRINKLER  FIRE ALARM  MISCELLANEOUS

OCCUPANCY LOAD (FOR COMMERCIAL ONLY) \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIMENSIONS: \_\_\_\_\_ SQUARE FEET: \_\_\_\_\_

VALUATION OF WORK \_\_\_\_\_ LOT COVERAGE \_\_\_\_\_ %

SPECIAL CONDITIONS (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: ELECTRICAL, PLUMBING, AND MECHANICAL / HVAC SUBCONTRACTORS ARE REQUIRED TO PULL SEPARATE PERMITS. ALL PERMITS BECOME 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 STARTED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. I UNDERSTAND THAT ALL PROVISIONS OF STATE LAWS AND CITY ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. I FURTHER UNDERSTAND THAT THE ISSUANCE OF A PERMIT DOES NOT GRANT THE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

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PLANS APPROVED FOR ISSUANCE BY:

\_\_\_\_\_  
MAYOR

\_\_\_\_\_  
DATE

PERMIT FEE: \_\_\_\_\_

PLAN REVIEW: \_\_\_\_\_

TOTAL PERMIT COST: \$ \_\_\_\_\_