



CITY OF KINGSVILLE
Planning Department
Building Permit Application

Phone: (361) 595-8019 / email: tcavazos@cityofkingsville.com

DATE:	PERMIT#:	APPROVED BY:
JOB ADDRESS:		
OWNER'S NAME: LAST:	FIRST:	M:
MAILING ADDRESS:		PHONE NO:
CITY:	STATE:	ZIP CODE:
CONTRACTOR: *		PHONE #:
SIZE/TYPE OF WORK: Square Feet: _____ <input type="checkbox"/> New <input type="checkbox"/> Remodel		
DESCRIPTION OF WORK:		
VALUATION OF WORK: \$		PERMIT FEE: \$
<p>* All contractors <u>must</u> be registered with the City of Kingsville</p> <p>NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR-CONDITIONING. ALL CONTRACTORS ARE RESPONSIBLE FOR DISPOSING OF THEIR OWN DEBRIS AT THE SANITARY LANDFILL ON CR 2130. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK HAS COMMENCED.</p>		
<hr style="border: 1px solid black;"/> <p>SIGNATURE _____ DATE _____</p> <p>“HOMEOWNER” APPLICANTS ONLY: I HEREBY CERTIFY THAT I OWN AND AM NOW LIVING AT THE DWELLING FOR WHICH THIS PERMIT IS BEING ISSUED, AND THAT THE WORK IS BEING PERFORMED BY ME OR A MEMBER OF MY IMMEDIATE FAMILY. I UNDERSTAND THAT, FOR THE PURPOSES OF THIS APPLICATION, MY IMMEDIATE FAMILY IS LIMITED TO MY PARENT, CHILD OR CHILD’S SPOUSE.</p> <p align="center">INITIAL HERE _____ (sign Homeowner Permit Acknowledgement Form)</p>		

FOR OFFICE USE ONLY

CURRENT ZONING FOR LOCATION:	IS ZONING APPROPRIATE FOR USE REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No
SETBACK REQUIREMENTS VERIFIED: <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE SETBACK REQUIREMENTS MET: <input type="checkbox"/> Yes <input type="checkbox"/> No
IS THE PROPERTY IN THE AICUZ/CCLUA**: <input type="checkbox"/> Yes <input type="checkbox"/> No	DOES IT COMPLY WITH THE AICUZ/CCLUA**: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROPERTY EASEMENT VERIFIED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DIMENSION OF EASEMENT:
AICUZ/CCLUA** DEED NOTIFICATION: <input type="checkbox"/> Yes <input type="checkbox"/> No	** CONTROLLED COMPATIBLE LAND USE AREA (JAZB)

Show NORTH arrow on (PLOT PLAN)

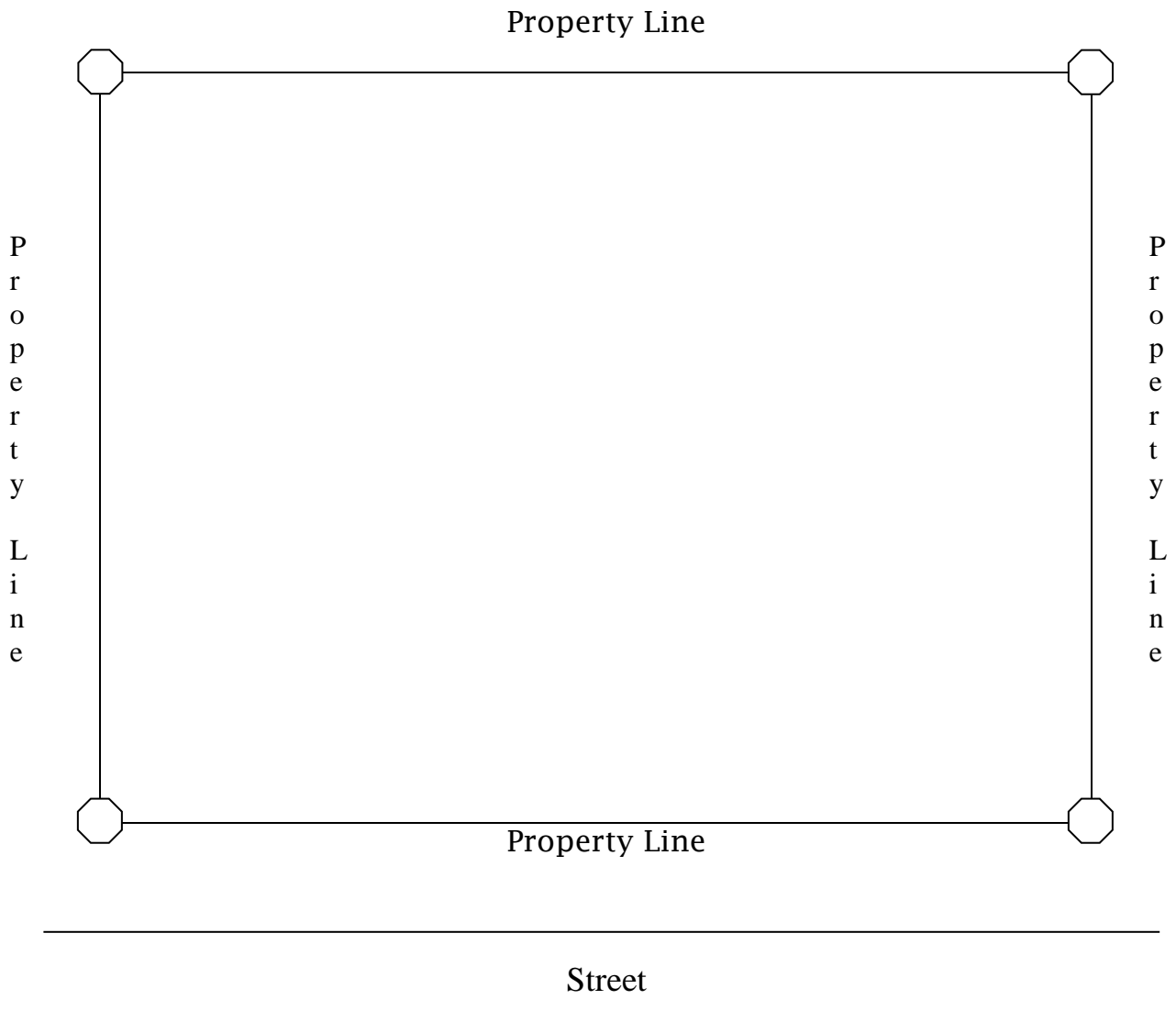
LOT SIZE:

1. Width of lot _____ (in ft/in) 2. Length of lot _____ (in ft/in)

BUILDING SETBACKS (see City of Kingsville Ordinance Chap XV, Art 6, App B, Section 1 or 2):

1. Front _____ 2. Right Side _____

3. Left Side _____ 4. Back _____



SAMPLE OF ACCEPTED DRAWINGS

