



City of Shavano Park

SUB-CONTRACTOR BUILDING PERMIT APPLICATION

TYPE OF PERMIT: COMMERCIAL _____ OR RESIDENTIAL _____

Please select one: _____ ELECTRICAL _____ PLUMBING _____ HVAC _____ OTHER

If other, please explain:

MASTER PERMIT #: _____

JOB SITE ADDRESS: _____

BUILDING OWNER: _____ PHONE: _____

NAME OF BUSINESS & PROPOSED USE: _____

PAPERWORK CHECK LIST: (The following MUST be submitted with this Permit application)

___ 1 Complete Sets of Plans ___ Contract/Bid Proposal

CONTRACTOR INFO: (All contractors must be registered with the City of Shavano Park before a permit can be issued)

COMPANY NAME: _____

CONTRACTOR NAME: _____

OFFICE PHONE: () _____ CELL: () _____ FAX: () _____

EMAIL: _____

VALUATION OF WORK: \$ _____

DESCRIPTION/SCOPE OF WORK:

Date of application: _____

Signature: _____

For Office Use Only

Application Approved/Denied by: Building Inspector: _____ Date: _____

Application Approved/Denied by: Fire Marshall: _____ Date: _____

Application Approved/Denied by: City Manager: _____ Date: _____

Reason for Denial:

***NOTE: FAILURE TO OBTAIN A PERMIT PRIOR TO CONSTRUCTION WILL RESULT IN A DOUBLE FEE PERMIT FEE**

****PLAN REVIEW MAY TAKE UP TO 30 BUSINESS DAYS**

*****ALL CONTRACTOR'S MUST USE ALLIED WASTE DUMPSTER SERVICES**