

# City of Bellmead

## *Inspection Department*

### Permit Application

**Owner of Property**

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Contractor**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Site Location:**\* \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

**Type of Work/Permit:**\* \_\_\_\_\_

**Total Square Footage:**\* \_\_\_\_\_ **Contract Value:**\* \_\_\_\_\_

<i>FOR OFFICE USE ONLY</i>					
	R-1	R-2	B-1	B-2	I
Flood Plain	Yes		No		
Plat & Tax Certificate	Yes		No		
Utility Locate Required	Yes		No		
Site Plan Approved	Yes		No		
Site Plan Inspection	Yes		No		
Plans Submitted	Yes		No		
Backflow Prevention	Yes		No		
Asbestos PLM Report	Yes		No		
TABA Project # Required	Yes		No	# _____	

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