

Development & Neighborhood Services

City of Bellmead

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:* _____ **Suite Number:** _____

Type of Work/Permit:* _____

Total Square Footage:* _____ **Contract Value:*** _____

Zoning	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	#	_____

Fax Number 254-799-5969

Office Number 254-412-7580

WWW.BELLMEAD.COM