



**City of Liberty Hill Planning Department**  
 926 Loop 332  
 PO Box 1920  
 Liberty Hill, TX 78642  
 Fax: 512-778-5418  
[www.libertyhilltx.gov](http://www.libertyhilltx.gov)

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

Submittal Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

# BUILDING PERMIT APPLICATION

Job Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Builder: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work to be Performed: \_\_\_\_\_

**FOR COMMERCIAL:**

TAS/TDLR#: \_\_\_\_\_

TDH# (Asbestos) \*\* with documentation: \_\_\_\_\_

Commercial Project Evaluation: \$ \_\_\_\_\_

**FOR RESIDENTIAL:**

Total Sq. Ft.: \_\_\_\_\_ 1<sup>st</sup> Floor Sq. Ft.: \_\_\_\_\_ 2<sup>nd</sup> Floor Sq. Ft.: \_\_\_\_\_

Garage Sq. Ft.: \_\_\_\_\_ Other Sq. Ft.: \_\_\_\_\_

Plumbing Contractor/License #: \_\_\_\_\_

Mechanical Contractor/License #: \_\_\_\_\_

Electrical Contractor/ License #: \_\_\_\_\_

Electric Service Provider: \_\_\_\_\_

Gas Service Provider: \_\_\_\_\_

**This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced. Inspections called in by 3:00 PM will be performed the same business day. Requests called in after 3 PM will be performed the following business day. All inspections will be performed Monday through Friday.**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel any other Federal, State, or local law regulating construction or the performance of construction.

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

Applicant Signature: \_\_\_\_\_

<b>FOR CITY USE ONLY</b>		
DATE RECEIVED: _____	FEE PAID: \$ _____	CASH/CHECK #: _____
APPROVED: _____	DATE: _____	