

CITY OF SHALLOWATER
RESIDENTIAL BUILDING PERMIT APPLICATION

DATE PLANS SUBMITTED _____ (2 SETS SITE & FLOOR PLANS)

CONTRATOR DBA _____

PROJECT MANAGER/ OWNER _____ PH. NO. _____

CONTRACTOR/ OWNER ADDRESS _____

CITY, STATE, ZIP _____

BUILDING INFORMATION

BUILDING ADDRESS _____

EST. SQ. FOOTAGE _____

NEW _____ ADDITION _____ REN,ALT _____

DESCRIBE WORK TO BE DONE _____

OWNER NAME _____ PH. NO. _____

ADDRESS, CITY, ZIP _____

*****DO NOT FILL BELOW THIS POINT *****

LEGAL DESCRIPTION _____

ZONE _____ ZBA# _____ DATE _____

DATE PLANS SENT TO ZONING _____ DATE RETURNED _____

ZONING SIGN _____ DATE _____

PLAN CHECK NO _____ PLANS CHECKED BY _____