

Administrative Office 205 E Calhoun Street Rice, Texas 75155 Phone: 903-326-7500 Facsimile: 903-326-7106

Fill out all relevant sections COMPLETELY—Incomplete applications cannot be processed and will be returned.							
Application is hereby made for:							
OWNER/PROPERTY INFORMATI							
Owner's Full Name:	Phone: (Home)						
Owner's Full Mailing Address:							
Property Identification Number:		Abstract/Survey:					
Subdivision:		Blk or P	H:		Lot:	Acreage:	
Are there any existing dwellings on this property?		☐ No ☐ Yesif yes, how many?		# of bedrooms			
UTILITY INFORMATION:							
Water:	Septic/Sewer:				Electric Service:		
☐ Private ☐ Public		☐ Private ☐ Pub	lic				
Name o	of Provider		Naı	me of Provider	Amps	Name of Provider	
PROPOSED CONSTRUCTION INF	ORMATION:						
Is proposed construction: ☐ Re	sidential 🛮 Comm	ercial 🗆 Agricultu	ral				
If proposed construction is residential, is this a manufactured dwelling? \square No \square YesIf yes, what is the year model?							
Scope of Work:	DESCRIBE IN DETAIL THE PROPOSED WORK TO BE DONE:						
□ New							
☐ Addition							
☐ Alteration							
☐ Demolition							
☐ Repair/Replacement							
☐ Moving Structure							
☐ Move—In: Inspection Only	Construction Cost	. ¢					
	Construction Cost:	\$			_		
ADMINISTRATIVE USE BELOW THIS LINE							
☐ Plans Reviewed ☐ Accepted	☐ Denied—Reaso	on:					
PERMIT FEE: \$	SIGNED:				DA	ΓΕ:	