

## City of Celeste Permit Application \*125.00 per Permit

Date:	Use of Property: <b>Commercial      Residential</b>	Permit #: (OFFICE USE ONLY)				
Street Address of Proposed Project:	Suite / Bldg #:	Lot:	Block:	City:	State: Texas	ZIP:
Contractor / Company Name:	Phone #:	Email (may be used for official communication):				
Property Owner (Individual Contact Name):	Phone #:	Email (may be used for official communication):				
Owner / Tenant Sales Tax ID Number (if applicable):	<b>Total Value of Project:</b>	<b>Sq. Ft.:</b>	<b>Acres:</b>			
Description of Work:			<b>Water Meter(s):</b>		<b>Irrigation Meter(s):</b>	
			Qty:	Size:	Qty:	Size:

Please indicate ALL types of work that will be part of this project by checking the appropriate boxes.

<input type="checkbox"/> BUILDING	<input type="checkbox"/> FENCE	<input type="checkbox"/> SWIMMING POOL/SPA	<input type="checkbox"/> FIRE SUPPRESSION SYSTEM:
<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> COLUMNS	<input type="checkbox"/> FLATWORK (PAVING/GRADING)	<input type="checkbox"/> FULLY SPRINKLED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> RETAINING WALL	<input type="checkbox"/> DRIVE APPROACH	<input type="checkbox"/> NUMBER OF HEADS: _____
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> LANDSCAPE	<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> FIRE ALARM <input type="checkbox"/> OTHER: _____
<input type="checkbox"/> SIGN - ILLUMINATED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> BACKFLOW	<input type="checkbox"/> FOOD SERVICE ESTABLISHMENT*

\*All food service establishments require a grease interceptor to be on site. If you checked "FOOD SERVICE ESTABLISHMENT" above, is there a grease interceptor on site:  YES  NO

Mechanical Contractor Company Name: \_\_\_\_\_

Contact Name:	Contact #:	Email Address:		
Address:	City:	State:	ZIP:	

Electrical Contractor Company Name: \_\_\_\_\_

Contact Name:	Contact #:	Email Address:		
Address:	City:	State:	ZIP:	

Plumbing Contractor Company Name: \_\_\_\_\_

Contact Name:	Contact #:	Email Address:		
Address:	City:	State:	ZIP:	

### PERMITS ARE PROCESSED IN 5-7 BUSINESS DAYS.

By signing below, I understand that this permit application will expire in 180 days from the application date. I may request, in writing, an additional 180 days extension of the permit prior to the application expiration. If the application is allowed to expire, it may only be reactivated by the filing of a new application, including applicable plans and fees. I have carefully read the completed application and know the same to be true and correct and I hereby agree that if a permit is issued all provisions of the City or County, Local, State, and/or Federal laws will be complied with, whether herein specified or not, I further agree to comply with all property restrictions. I also affirm that the email address(es) given above may be used for official communication concerning this permit application.

Applicant's Name: (Please Print) \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**THE PERSON ACCEPTING THIS PERMIT SHALL CONFORM TO THE TERMS OF THE PERMIT APPLICATION ON FILE AND TO THE ORDINANCES RELATING TO THE CONSTRUCTION, MAINTENANCE, AND INSPECTION(S) REQUIRED BY THE CITY OF CELESTE, THE 2015 IBC AND 2014 NEC. THE OWNER/AGENT LISTED ON THIS PERMIT IS THE ONLY PERSON THAT IS PERMITTED TO REQUEST INSPECTIONS AT THE PROPERTY LISTED ABOVE.**