

CITY OF HEMPSTEAD
1125 Austin Street
979/826-2486 Fax 979/826-6703
BUILDING PERMIT APPLICATION

**Please print!*

Owner: _____ Date: _____
Address: _____ Phone #: _____ / _____ - _____
City: _____ State: _____ Zip Code: _____
Block: _____ Lot: _____ Subdivision: _____
Property Location: _____ Is Building in a Flood plain? Yes/No _____

PROPERTY SURVEY MUST BE ATTACHED

Zoning District Property Located In: _____

Occupancy Type: (circle one) Residential or Commercial Square Footage: _____

Description of Work: _____

*** ASBESTOS SURVEY: The Texas Department of Health in accordance with Senate Bill 509 requires municipalities to verify that an asbestos survey has been done on Public and Commercial Building prior to issuing renovation or demolition permits:**

Asbestos Survey Performed: (check) _____ Yes _____ No

**** BLUEPRINTS OR DRAWING MUST BE ATTACHED***

Contractor Name: _____ Valuation of Work: _____

Address: _____ Phone #: _____ / _____ - _____

City/ State/ Zip Code: _____

Approved by Building Official / Zoning Officer: _____

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATION OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.

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 THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR OWNER

Date