



Permit Application

- Electrical  
  Plumbing  
  Gas  
  Mechanical  
  Irrigation System  
 OSSF  
  Demolition  
  Roofing  
  Banner  
  Other: \_\_\_\_\_

**\*ALL INFORMATION MUST BE COMPLETED BEFORE PERMIT CAN BE ISSUED\***

Address where work is to be done	Applicant Name and Phone #	Is applicant: <input type="checkbox"/> Contractor Or <input type="checkbox"/> Homeowner
Property Owner Name	Owner Phone #	Cost Of Construction (required)
Is this location: <input type="checkbox"/> Commercial Or <input type="checkbox"/> Residential	<b>Conditions of Permit</b>  Work may not start until a permit has been issued pursuant to approval of this application. Permits so issued shall not be construed as authority to alter or set aside any building code, plumbing code, electrical code, mechanical code, zoning ordinance requirements, or any other applicable regulations, nor shall such issuance of a permit prevent the Building Official from thereafter requiring correction of error in plans or in construction, or violations of applicable code and regulations. Permits shall become invalid if work is not commenced within six (6), months after issuance, with the exception of plumbing permits, or work authorized by such permit is suspended or abandoned for a period of six (6) months after work has commenced.  I hereby make application for a permit for work noted herein and as described by submitted plans and specifications. I agree to abide by all requirements of the City of Mineral Wells Code of Ordinances and any other applicable regulations.	
Please list sq. footage for new construction or specific work to be performed for existing construction.		
# of electrical circuits, mechanical units, or plumbing fixtures, if applicable _____	Applicant Signature: _____	Date: _____

Complete the following for HOMEOWNER'S Permit only:

I hereby request a homeowner's permit to perform work outlined above. By signing below, I am certifying that I own this home and the property it sits on, and I also live at this location. I also certify that I will abide by all requirements of the City of Mineral Wells Code of Ordinances and the required inspections. I know that permits shall become invalid if work is not commenced within six (6) months after issuance, or work authorized by such permit is suspended, or abandoned for a period of six (6) months after work has commenced.

\_\_\_\_\_  
Homeowner's signature

\_\_\_\_\_  
Date

\*Contact the Inspections Department at 940-328-7715, to determine the adopted Codes the City of Mineral Wells is currently under.

Inspections Division Use Only:

Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	Permit #:	Comments: _____ _____
By:		
Processed By:	Permit Fee:	Date Issued: