



THE CITY OF KILLEEN – BUILDING AND INSPECTIONS DIVISION
 P. O. Box 1329, 100 E AVENUE C
 (254) 501-7762/FAX (254) 501-6302

APPLICATION FOR CONSTRUCTION PERMIT AND PLANS REVIEW

| | | | |
|---|-------------------|--|----------------------|
| PROJECT ADDRESS: | | PROJECT NAME: | |
| LEGAL DESCRIPTION: | LOT: | BLOCK: | SUBDIVISION: |
| OWNER NAME: | | PHONE : | EMAIL: |
| CONTRACTOR: | | PHONE: | EMAIL: |
| ARCHITECT OR DESIGNER: | | PHONE : | EMAIL: |
| DESCRIBE WORK: | | USE OF BUILDING: | |
| CLASS OF WORK <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> FINISH OUT <input type="checkbox"/> SHELL <input type="checkbox"/> REMODEL <input type="checkbox"/> DEMOLISH <input type="checkbox"/> OTHER: | | | |
| TYPE OF BUILDING <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> DUPLEX <input type="checkbox"/> MANUFACTURED HOUSING <input type="checkbox"/> Multi-FAMILY # OF UNITS _____ <input type="checkbox"/> COMMERCIAL | | | |
| TYPE OF CONSTRUCTION | OCCUPANCY GROUP | NUMBER OF STORIES | BUILDING TOTAL SQ FT |
| FLOOD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO | ZONE DISTRICT | FIRE SPRINKLERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO | MAXIMUM OCC. LOAD |
| PERMITS REQUESTED: | VALUATION: | FEES: | PERMIT NUMBER |
| DATE PAID | | | |
| <u> </u> BUILDING | \$ _____ | _____ | _____ |
| <u> </u> ELECTRICAL | \$ _____ | _____ | _____ |
| <u> </u> MECHANICAL | \$ _____ | _____ | _____ |
| <u> </u> PLUMBING | \$ _____ | _____ | _____ |
| <u> </u> GAS | \$ _____ | _____ | _____ |
| <u> </u> FIRE SPRINKLER | \$ _____ | _____ | _____ |
| <u> </u> PLANS REVIEW | \$ _____ | _____ | _____ |
| <u> </u> TEMP POLE | \$ _____ | _____ | _____ |
| <u> </u> PAVING / CONCRETE | \$ _____ | _____ | _____ |
| <u> </u> FENCE | \$ _____ | _____ | _____ |
| <u> </u> LAWN SPRINKLER | \$ _____ | _____ | _____ |
| <u> </u> ACCESSORY BUILDING | \$ _____ | _____ | _____ |
| <u> </u> TEMPORARY FINAL | \$ _____ | _____ | _____ |
| <u> </u> CERT OF OCCUPANCY | \$ _____ | _____ | _____ |
| <u> </u> LANDSCAPING | \$ _____ | _____ | _____ |
| <u> </u> VENT A HOOD I / II | \$ _____ | _____ | _____ |
| <u> </u> FLOOD PLAIN | \$ _____ | _____ | _____ |
| <u> </u> POOL | \$ _____ | _____ | _____ |
| <u> </u> PW RIGHT OF WAY | \$ _____ | _____ | _____ |
| <u> </u> PW INSPECTION FEE | \$ _____ | _____ | _____ |
| | | _____ \$ Total Fees Due | |
| <p>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.</p> | | | |
| (PRINT) _____ | | (SIGNATURE) _____ | |
| NAME OF CONTRACTOR/ OWNER OR AUTHORIZED AGENT | | Click to Sign | DATE |
| APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO | BY: | DATE: | |