

PERMIT APPLICATION

CITY OF DALHART

205 Rock Island Av., Dalhart, Texas 79022

(806) 244-5511 Ext. 3213 or 3210

dalhartcode@dalharttx.gov

codeenforcement@dalharttx.gov

JOB LOCATION:

SITE ADDRESS: _____

PROJECT/ BUSINESS NAME: _____

NAME OF PROPERTY OWNER: _____

PHONE NUMBER: _____

JOB DESCRIPTION: _____

CONTRACTOR/HOMEOWNER INFORMATION (PERMIT HOLDER):

NAME OF CONTRACTOR: _____

MAILING ADDRESS: _____

PHONE: _____

FAX: _____

TYPE OF PERMIT:

ELECTRICAL: ____ PLUMBING: ____ GAS: ____ MECHANICAL: ____

IRRIGATION: ____

BUILDING PERMIT: _____ TOTAL SQUARE FEET: _____

BUILDING USE: ____ RESIDENTIAL: ____ COMMERCIAL: ____ SHOP: ____

ESTIMATED COST OF PROJECT: _____

CONSTRUCTION: CHECK ALL THAT APPLY

NEW CONSTRUCTION: ____ REMODEL: ____ REPAIR: ____ ADDITION: ____

DEMOLITION: ____ DRIVEWAY: ____ DIGGING: ____ CARPORT ____ SIGN ____

ROOF: ____ CURB CUT: ____ FENCE: ____ ROOFING: ____

SIGNATURE: _____

DATE: _____

TYPE OF PAYMENT:

CHECK #: _____ CASH: _____ CREDIT CARD: _____ TOTAL PAID: _____

BUILDING OFFICIAL/CODE OFFICIAL

DATE