



Town of New Hope
 121 Rockcrest Road
 New Hope, TX 75071-4103
 Website: www.newhopetx.gov

Phone: 972-548-2489
 Email: buildingofficial@newhopetx.gov

BUILDING PERMIT APPLICATION

Project Address: _____ Zoning: _____
 Subdivision: _____ Lot: _____ Block: _____
 Property Owner Name: _____ Email: _____
 Address: _____ Phone: _____
 General Contractor: _____ Phone: _____

If using individual contractor(s) for Electrical, Plumbing and/or HVAC you must provide License numbers

Electrical Contractor: _____ License #: _____
 Plumbing Contractor: _____ License #: _____
 HVAC Contractor: _____ License #: _____

Subject to Field Inspections.

CONSTRUCTION	TYPE	WORK
<input type="checkbox"/> RESIDENCE (New, Addition, Remodel) _____ SQ FT	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> NEW BUILDING (non-residence)	<input type="checkbox"/> REMODEL (non-residence)	<input type="checkbox"/> COMMERCIAL
<input type="checkbox"/> POOL	<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> OTHER Specify: _____	<input type="checkbox"/> OTHER	<input type="checkbox"/> HVAC

\$ _____ **PROJECT VALUATION** (required for projects other than residential dwellings or single trade permits)

NOTICE TO APPLICANT: UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I DECLARE that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Ordinances of the Town of New Hope, TX. I realize that the information that I have stated hereon forms a basis for the issuance of the Building Permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation or any provision of the Town of New Hope zoning Ordinances or any other ordinance or to excuse the owner or his successors in from complying therewith.

I hereby certify that I am the OWNER at this address or that for the purposes of obtaining approval, I am acting on behalf of the owner.

SIGNED: _____ DATE: _____
Owner or Agent

SCOPE OF PERMIT: For new buildings and for additions to existing buildings, this permit authorizes all structural, plumbing, electrical, mechanical work to be performed in the construction of the building or structure at this address, if done at the same time of initial construction. No separate subcontractor permits are needed for those trades. If this permit is obtained for work other than new buildings and additions, separate permits must be obtained by all subcontractors.

Subject Property is or is not within the flood hazard area. Required lowest floor elevation is _____

FOR A PERMIT WITHIN A FLOOD PLAIN, PLEASE REQUEST AN ELEVATION CERTIFICATE

Official Town Use Only:

Received by: _____	Date: _____	Assigned Permit # _____
Building Official Approval: _____	Date: _____	
Fee Due: \$ _____	Penalty Due: \$ _____	Date Received: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____