

# Building Permit Application

Permit Number \_\_\_\_\_

All permit applications must be submitted online using the CSS Portal available at:

<https://energoweb.cityofallen.org/energov/selfservice/home>

Site Information					
Project Address		Suite #	Subdivision	Lot	Block
Business Name (If Commercial Project)					
Property Owner Name		Property Owner Address		City, State, & Zip	
Property Owner Contact Phone			Property Owner Email		
Construction Type					
Commercial	Residential	Sign	Temporary Use	CDBG	Other: _____
Permit Type					
<input type="checkbox"/> Shell	<input type="checkbox"/> Accessory Building (Shed)	<input type="checkbox"/> HVAC/Mechanical			
<input type="checkbox"/> Shell/Finish Out	<input type="checkbox"/> Addition	<input type="checkbox"/> Irrigation			
<input type="checkbox"/> Finish Out	<input type="checkbox"/> Alteration	<input type="checkbox"/> Outdoor Kitchen			
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Arbor/Patio/Carport	<input type="checkbox"/> Plumbing			
<input type="checkbox"/> Clean & Show	<input type="checkbox"/> Concrete	<input type="checkbox"/> Pool/Spa			
<input type="checkbox"/> Street Lights	<input type="checkbox"/> Demolition	<input type="checkbox"/> Roof			
<input type="checkbox"/> Subdivision Wall	<input type="checkbox"/> Donation Bin	<input type="checkbox"/> Sign			
<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Electric	<input type="checkbox"/> Solar			
<input type="checkbox"/> Screening Wall	<input type="checkbox"/> Emergency Service	<input type="checkbox"/> Special Event			
<input type="checkbox"/> Residential Single Family	<input type="checkbox"/> Fence	<input type="checkbox"/> Storm Shelter			
<input type="checkbox"/> Residential Duplex/Townhome	<input type="checkbox"/> Fireplace/Pit/Grill	<input type="checkbox"/> Water Heater			
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Window Replacement			
Description of Work					
Detailed Scope and Location of Work					
Total Value of Work		Total Sq. Ft.		Proposed Use	
Bldg. Fully Sprinkled: Yes No			TDLR#:		
Responsible Parties					
CONTRACTOR INFORMATION - PLEASE COMPLETE THE OPPOSITE SIDE OF THIS FORM (REQUIRED)					
I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances, Adopted Codes and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or a duly authorized agent. Permission is hereby granted to enter the premises and make all inspections.					
APPLICANT NAME:		SIGNATURE:		DATE:	
CONTACT PHONE:			DRIVERS LICENSE #:		
EMAIL:			Applicant is: Owner Contractor Other		
PLAN REVIEW FEE:	RECEIVED BY:	DATE:			
PERMIT FEE:	ROADWAY FEE:	OTHER FEE:			
TOTAL FEE:	ISSUED BY:	DATE:			



City of Allen | Community Development | Building and Code Division  
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 214.509.4130 • Fax 214.509.4139  
 Cityofallen.org • permits@cityofallen.org

October 2022



Permit Number \_\_\_\_\_

Site Address: \_\_\_\_\_

## CONTRACTOR / TRADE INFORMATION

GC Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number & Email: \_\_\_\_\_

Electric Company Name: \_\_\_\_\_

Master's Name & Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Phone Number & Email: \_\_\_\_\_

Valuation: \_\_\_\_\_

Plumber Company Name: \_\_\_\_\_

Master's Name & Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Phone Number & Email: \_\_\_\_\_

Valuation: \_\_\_\_\_

Mechanical Company Name: \_\_\_\_\_

Master's Name & Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Phone Number & Email: \_\_\_\_\_

Valuation: \_\_\_\_\_

Irrigation Company Name: \_\_\_\_\_

Master's Name & Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number & Email: \_\_\_\_\_