

# Building Permit Application

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

All permit applications must be submitted online using the CSS Portal available at [CityofAllen.org/CSS](http://CityofAllen.org/CSS)

Site Information				
<b>Project Address</b>	<b>Suite #</b>	<b>Subdivision</b>	<b>Lot</b>	<b>Block</b>
<b>Business Name (If Commercial Project)</b>				
<b>Property Owner Name</b>	<b>Property Owner Address</b>		<b>City, State, &amp; Zip</b>	
<b>Property Owner Contact Phone</b>		<b>Property Owner Email</b>		
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		
<p><b>*Application must be submitted with a corresponding Plan Review Checklist, available at <a href="http://CityofAllen.org/Permit">CityofAllen.org/Permit</a></b></p>				
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.				
<b>APPLICANT NAME:</b>		<b>SIGNATURE:</b>		<b>DATE:</b>
<b>CONTACT PHONE:</b>			<b>DRIVERS LICENSE #:</b>	
<b>EMAIL:</b>			<b>Applicant is: Owner Contractor Other</b>	
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](http://CityofAllen.org) · [permits@cityofallen.org](mailto:permits@cityofallen.org)

October 2021



Permit Number: \_\_\_\_\_  
Site Address: \_\_\_\_\_

## CONTRATOR/TRADE INFORMATION

General Contractor  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Electrician  
company name: \_\_\_\_\_  
Master's name: \_\_\_\_\_ Master electrician's license number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Plumbing  
company name: \_\_\_\_\_  
Master's name: \_\_\_\_\_ Master plumber's license number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mechanical  
company name: \_\_\_\_\_  
Master's name: \_\_\_\_\_ Master mechanic's license number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Irrigation  
company name: \_\_\_\_\_  
Licensed irrigator's name: \_\_\_\_\_ Irrigator license number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_