

Building Permit Application

Permit Number _____

All permit applications must be submitted in person at Allen City Hall (305 Century Parkway) or using the CSS Portal available at CityofAllen.org/CSS. Tutorials available at CityofAllen.org/BuildingServices.

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"/> Shell/Finish Out*	<input type="checkbox"/> Finish Out*	<input type="checkbox"/> Multi-Family*	<input type="checkbox"/> Clean & Show	<input type="checkbox"/> Street Lights
<input type="checkbox"/> Subdivision Wall	<input type="checkbox"/> Retaining Wall*	<input type="checkbox"/> Screening Wall*	<input type="checkbox"/> Residential Single Family	<input type="checkbox"/> Residential Duplex/Townhome	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Accessory Building (Shed)	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Arbor/Patio/Carport	<input type="checkbox"/> Concrete	<input type="checkbox"/> Demolition
<input type="checkbox"/> Donation Bin	<input type="checkbox"/> Electric	<input type="checkbox"/> Emergency Service	<input type="checkbox"/> Fence*	<input type="checkbox"/> Fireplace/Pit/Grill	<input type="checkbox"/> Foundation Repair
<input type="checkbox"/> HVAC/Mechanical	<input type="checkbox"/> Irrigation*	<input type="checkbox"/> Outdoor Kitchen	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Pool/Spa*	<input type="checkbox"/> Roof
<input type="checkbox"/> Sign*	<input type="checkbox"/> Solar*	<input type="checkbox"/> Special Event	<input type="checkbox"/> Storm Shelter*	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Window Replacement
<p>*Application must be submitted with a corresponding Plan Review Checklist, available at CityofAllen.org/BuildingServices</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.					
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 Department
 305 Century Parkway Allen, Texas 75013
 Phone: 214.509.4130 • Fax: 214.509.4139
CityofAllen.org • permits@cityofallen.org

September 2019



Permit Number: _____
Site Address: _____

CONTRACTOR/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: _____

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