THE CITY OF Anna

Miscellaneous Simple Permit Application

Permit Number

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PROJECT INFORMATION				
Project Address	**Apt #**	**Subdivision**	**Lot**	**Block**
Property Owner Name	**Property Owner Address (if different)**	**Phone**		
General Contractor Name	**General Contractor Address**	**Phone**		
Contact Email:				

DESCRIPTION OF WORK

Description of work to be done:

Project Value: $

Check one: ☐ **Single-family (detached)** ☐ **Zero-lot line** ☐ **Duplex** ☐ **Townhome** ☐ **Multifamily**

Project Details

☐ **Retaining Walls Commercial**
☐ **Retaining Walls Residential**
☐ **Foundation Repair**
☐ **Moving, Relocation, Demolition**
☐ **Windows & Doors**
☐ **Temporary Building/Construction Trailer**
☐ **Irrigation Residential**
☐ **Irrigation Commercial**
☐ **Sewer Camera**
☐ **Tree Removal Commercial**
☐ **Sidewalks, Driveways, or Flatwork**
☐ **Dumpster Enclosure**
☐ **Replace Boilers and Water Heater**
☐ **Reroof**
☐ **Tree Removal Residential**

A separate application is required for each job to be performed.

CONTRACTOR TRADES (COMPANY NAME)
Contractors must validate on this permit before starting work

Plumbing Contractor	Electrical Contractor	Other

NOTICE

I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Applicant Name (print) **Applicant Signature** **Date**

For a complete application, payment must be received within 48 hours of submission.

----------**OFFICE USE ONLY BELOW THIS LINE**----------

Plan Review Fee:	**Received By:**	**Date:**
Permit Fee:	**Approved By:**	**Date:**