

*Incorporated 1956*  
16501 Jersey Drive, Houston, Texas 77040-1999  
Permit Office Located 16327 Lakeview, Houston, Texas 77040-1999
Permit Office: 713-466-2110  
Office: 713-466-2110 Inspection Request Recording: 713-466-2138 Fax: 713-466-2140
*A Texas Star Community*  
Permit Fax: 713-466-2140

**CONSTRUCTION IN PUBLIC RIGHT-OF-WAY  
PERMIT APPLICATION**

PROJECT ADDRESS (or intersection): \_\_\_\_\_

Zoning District: A B C D M F G H J K (Circle One) Proposed Use: \_\_\_\_\_

Project Name: \_\_\_\_\_ Approved Plat:  Yes  No **Flood Zone:** \_\_\_\_\_

Subdivision: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Class of Work:  New  Extension of existing  Demolition  Remove & Replace

Description Of Work:  Water line  Conduit/Cable  Sewer line  Storm Sewer

Other (describe) \_\_\_\_\_ Number of complete plan sets supplied: \_\_\_\_\_

**General Contractor** (Company Name): \_\_\_\_\_

Address: \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip, \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ (Please Print)

**Sub-Contractor** (Company Name): \_\_\_\_\_

Address: \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip, \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ (Please Print)

**Valuation of the Project: \$** \_\_\_\_\_ **City Contract Number:** \_\_\_\_\_

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I further understand that plans submitted for approval will be subjected to a comprehensive check against municipal ordinance and building code. Any set of plans that must be returned for modifications or corrections in order to come into compliance with ordinance or code will be subject to rechecking in order of submittal. Under no circumstances will paid fees be refunded or transferred.

\_\_\_\_\_  
Signature of Contractor/Authorized Agent

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

Permit Received By: \_\_\_\_\_

Time/Date Stamp: \_\_\_\_\_

**Total Permit Fee Due \$** \_\_\_\_\_

**Plan Checking Fee \$** \_\_\_\_\_

**OKAY to Permit:** \_\_\_\_\_