



CITY OF HONDO PERMIT APPLICATION
(830) 426-4737 Fax (830) 426-3353

(APPLICANT MUST FILL OUT APPLICATION)

Approved permit is valid for 6 months.

ALL FEES WILL BE **DOUBLED** IF WORK IS STARTED PRIOR TO ISSUANCE OF PERMIT.

TWO (2) SETS OF PLANS OR COMPLETED PROFESSIONAL DRAWINGS SHALL BE SUBMITTED. **ALLOW MINIMUM OF FORTY-EIGHT (48) HOURS FOR PERMIT COMPLETION.**

*Please contact the local contracted waste disposal company, **Alamo 1, at 1-800-322-5085** to provide roll off containers.*

TYPE OF PERMIT: BUILDING____ FENCE____ POOL____ FLOODPLAIN ____ OTHER____

STRUCTURE USE: COMM.____ RES.____ ACCESSORY____ MANU. HOME ____ OTHER____

ACTIVITY: NEW BUILDING____ ADDITION____ REPAIR/REMODEL____ OTHER____

IF COMMERCIAL, STATE TYPE OF BUSINESS: _____

NAME OF CITY OF HONDO PROJECT: _____

OWNER NAME: _____

ADDRESS: _____

PHONE: (____)_____ CELL: (____)_____ FAX: (____)_____

CONTRACTOR:_____ LICENSE # _____

ADDRESS: _____ ST/ZIP: _____

PHONE: (____)_____ CELL: (____)_____ FAX: (____)_____

DESCRIPTION OF PROJECT: _____

PERMIT LOCATION: _____

SQUARE FT. OF PROJECT: _____ ESTIMATED COST: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE BACK DIAGRAM:

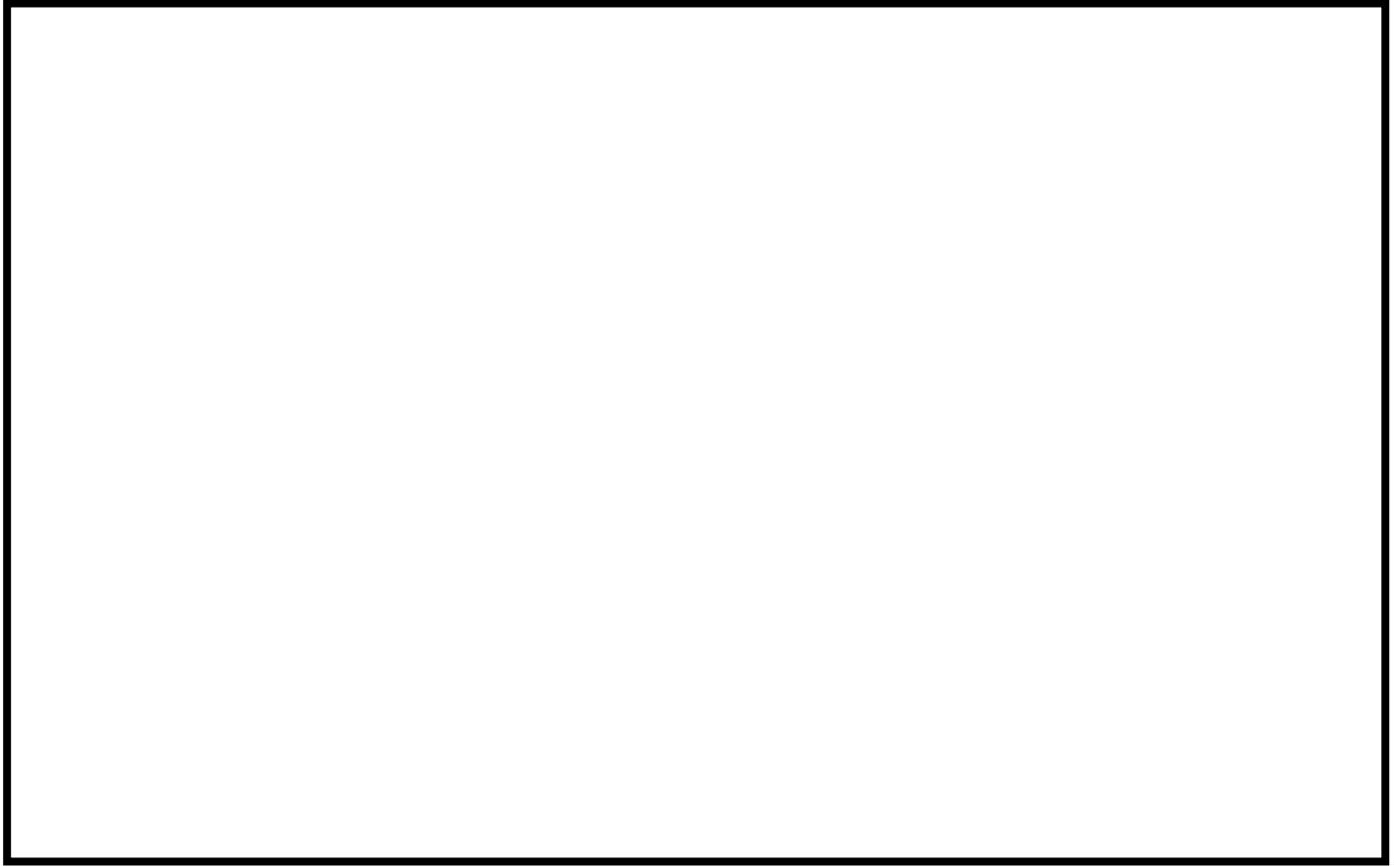
1. SHOW IF PROPERTY IS A CORNER LOT.
2. SHOW ALL STREETS AND ALLEYS.
3. CENTER THE BUILDING, ETC., ON LOTS AS CLOSE TO EXACT AS POSSIBLE.
4. SHOW NUMBER OF FEET FROM EACH PROPERTY LINE (FRONT, BACK & SIDES)
5. PROVIDE TELEPHONE NUMBER WHERE YOU MAY BE REACHED. _____
6. NOTATE THE FRONT AND BACK OF LOT ON THE DRAWING.
7. SHOW SIZE OF LOT ON BACK DIAGRAM.
8. PLEASE CIRCLE TYPE OF PROPERTY: COMMERCIAL, RESIDENTIAL, DUPLEX, APARTMENTS, OR INDUSTRIAL. EACH ZONE HAS DIFFERENT SETBACKS.
9. BE SURE PROPERTY OWNER CHECKS FOR DEED RESTRICTIONS IN SUBDIVISIONS PRIOR TO CONSTRUCTION.
10. SHOW ALL IMPROVEMENTS ON LOT (EXISTING AND PROPOSED).

(OVER PLEASE)

DRAW DIAGRAM BELOW

THE OUTER BOUNDARY BELOW REPRESENTS THE PROPERTY LINES.

NORTH



SOUTH

OFFICE USE ONLY:

ZONING AREA: _____ VARIANCE #: _____

SATISFIES IMPERVIOUS REQUIREMENTS: 90% ___ 85% ___ 80% ___ 75% ___ 60% ___

CHECK ONE:

TYPE OF REQUIREMENT	YES	NO
SPECIFIC USE		
SETBACK REQUIREMENTS MET		
ASBESTOS SURVEY REQUIRED		
TxDOT PERMIT REQUIRED (If yes, please attach copy to application.)		
FLOOD ZONE		
FIRM Panel #: _____ Dated: / / _____ BFE at site is at: _____		
IS PROPERTY LOCATED IN FLOOD HAZARD AREA?		
IS PROPERTY LOCATED IN FLOODWAY?		
IS ADDITIONAL INFORMATION REQUIRED? (Letter of Map Revision)		
IS ELEVATION CERTIFICATE ATTACHED WITH PERMIT APPLICATION?		