



# Residential Building Permit Application

## Check the Building Permit Type and Use

### Preliminary Questions

Is property located in the city limits?  Yes  No

(If no, please contact Bastrop County 512-581-7176, co.bastrop.tx.us)

Is this building a Historic Landmark or located in a Historical District?  Yes\*  No

\*A Historic Landmark Commission Application for a Certificate of Appropriateness is also required. Certificates of Appropriateness (COAs) verify that proposed modifications to structures or proposed new structures that will be located in a historic district are using appropriate building materials, and if historically designated, match the historic style. If a COA is required please request a COA Checklist.

### Building Permit Types

- New Construction
- Remodel
- Demolition
- Addition
- Accessory Dwelling Unit
- Accessory Structure

- Flatwork\*
- Fence\*
- (\*Please see staff.)

### Use

- Single Family
- Multi-Family

BCAD Property ID: \_\_\_\_\_

Place type zoning: \_\_\_\_\_

**Extra materials are needed for a complete application. A checklist will be provided based on permit type.**

## Project Information

Project Name: \_\_\_\_\_

Property Address/Location: \_\_\_\_\_

Description of the scope of work: \_\_\_\_\_

**(REQUIRED)** Square Footage by Use: \_\_\_\_\_ Valuation: \_\_\_\_\_

**(REQUIRED)** IBC Type of Construction: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Required Setbacks: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Water/Wastewater Provider: \_\_\_\_\_ Electric Provider: \_\_\_\_\_

Is this location covered by a Home Owners Association (HOA)?  Yes  No

Is property in a Planned Development District?

## Property Owner

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_



# Building Permit Application

## Contractor

Contact Person: \_\_\_\_\_ Role (i.e. developer, agt., homeowner.): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Additional Contact

Contact Person: \_\_\_\_\_ Role (i.e. engineer, architect, etc.): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

The applicant certifies that the facts stated herein and exhibits attached hereto are true, correct, and complete. **If this application is filed by anyone other than the property owner, an Agent Authorization form signed by all property owners must accompany this application.**

Signature below also authorizes the City of Bastrop and its agents to visit and inspect the property for which this application is being submitted.

**Signature and Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_