



CITY OF NASSAU BAY

281-336-6292 FOR QUESTIONS ONLY

**FOR ALL INSPECTION REQUESTS
CALL: 1-877-837-8775 OR E-MAIL
inspectionstx@us.bureauveritas.com**

DATE: _____ **BUILDING PERMIT APPLICATION**

PROJECT PERMIT # _____ **PERMIT #** _____ **FEE: \$** _____

PROJECT ADDRESS: _____

DESCRIBE WORK TO BE PERFORMED:

SQUARE FEET: _____ HAVE YOU SUBMITTED YES NO PICTURES N/A
DRAWINGS WITH
VALUATION: _____ DIMENSIONS?

TYPE OF PERMIT (CHECK ALL THAT APPLY):

- | | | | |
|-------------|------------|----------------|-------------------|
| RESIDENTIAL | BUILDING | POOL | FIRE |
| COMMERCIAL | ELECTRICAL | SIGN ERECTION | FIRE SUPPRESSION |
| | PLUMBING | DEMOLITION | FUMIGATION |
| | HVAC | FOUNDATION | STORAGE CONTAINER |
| | GAS | FIRE SPRINKLER | BULKHEAD |
| | IRRIGATION | OTHER _____ | |

PROPERTY OWNER / TENANT: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY MUST RECEIVE CONTRACTORS COI FROM INSURANCE COMPANY BY FAX OR EMAIL.

CONTRACTOR: _____ PHONE: _____

EMAIL: _____ COMPANY CONTACT NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS IF DIFFERENT: _____

APPLICANT NAME: _____ SIGNATURE: _____

FOR OFFICE USE ONLY		HCAD ACC# _____
Occupancy Type: _____	Construction Type: _____	FEMA Flood Zone: _____
Max Occ Load: _____	Total Area of Building: _____	Lowest Habitable Elevation (MSL): _____
Approval: _____	Date: _____	