

**CITY OF BUDA
BUILDING PERMIT APPLICATION**

Date of Application:			
Please check the appropriate box below. A metes and bounds description must be attached: if the request is for a portion of a platted lot or the property is not platted.			
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial		

Name of Project:			
Property Address (Location):			
Subdivision Name:		Lot:	Block:

Existing Zoning:		Existing Use:	
Building Square Feet:		# of Units (Multifamily):	

Description of Proposal: (provide a brief description of the project covered by this permit. Attach the building plans and copy of approved site development plan if applicable.)			
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PROPERTY OWNER INFORMATION			
Name:		Phone:	
Address:		FAX Number:	
City/State/Zip:		Email:	
Contact Name:		Signature:	

APPLICANT INFORMATION			
Name:		Phone:	
Address:		FAX Number:	
City/State/Zip:		Email:	
Contact Name:		Signature:	

CONTRACTOR INFORMATION			
Name:		Phone:	
Address:		FAX Number:	
City/State/Zip:		Email:	
Contact Name:		Signature:	

The undersigned hereby certifies that this application and accompanying data is true and correct. All provisions of laws and ordinances governing this property will be complied with whether specified herein or not. The scheduling of this application on an agenda for consideration does not presume the approval of this application.			
Signature:		Date:	

FOR OFFICE USE ONLY			
Date Received:		Application Fee:	
Received By Employee:		Application Filed:	
Cash \$	Check #	\$	Credit Card \$