



City of Fort Worth
Development Services Department
Building Permit Application

Project Address: _____ **Bldg/Suite/Unit#:** _____

Legal Description: Addition _____ **Block** _____ **Lot** _____

Scope of Work: (Please be Specific): _____

- *New Construction-brand new primary structure on lot
- *Addition-adding square footage to existing primary structure
- *New Accessory- brand new secondary structure on lot
- *Accessory Addition-adding square footage to existing secondary structure
- *Remodel- interior or exterior modification to existing primary or secondary structure
- *Finish-out- remodel for a first generation occupant of a shell or white box space

A Separate Application is Required for Each Structure

Commercial (Please Check One): (Please Note: Apartments (3 or more units on a lot) are Considered Commercial Construction)

*New Construction: ___ *Addition: ___ *New Accessory: ___ *Accessory Addition: ___ *Remodel: ___ *Finish-out: ___

Total Square Footage Associated with Project: _____

Total Cost of Construction: _____

Total Cost of Construction without Mechanical/Electrical/Plumbing: _____

TDLR # (required if Cost of Construction is Over \$49,999): _____

Intended Use: _____ **Previous Use:** _____

Residential (Please Check One): *New: ___ (Single Family) or (Duplex) *Addition ___ *Accessory: ___ *Remodel: ___

For New Construction/Addition/Accessory Please Provide Applicable Square Footage:

(For Duplexes please provide totals for both sides)

Living Area _____ Garage _____ Porches/Patios _____ Storage Shed _____ Carport _____

Shade Structure _____

Other (Please Specify in addition to providing Square Footage): _____

Total Cost of Construction: _____

For Remodels: Electrical Work: Yes ___ No ___ Mechanical Work: Yes ___ No ___ Plumbing Work: Yes ___ No ___

3rd Party Company: _____

Inspections: Yes _____ No _____ Plan Review: Yes _____ No _____

Phone Number: _____ E-Mail Address: _____

City of Fort Worth Contractor Registration #: _____

Contractor's Business Name: _____

Phone Number: _____ E-Mail Address: _____

Site Contact Name: _____

Phone Number: _____ E-Mail Address: _____

Plans Exam Contact Name: _____

Phone Number: _____ E-Mail Address: _____

Applicant Name (Printed): _____

Phone Number: _____ E-Mail Address: _____

Applicant's Signature: _____

Date: _____