

## Permit Application

Date:	Use of Property: <b>Commercial</b> <b>Residential</b>	Permit #: (OFFICE USE ONLY)				
Street Address of Proposed Project:	Suite / Bldg #:	Lot:	Block:	City: Lewisville	State: Texas	ZIP: 75056
Contractor / Company Name:	Phone #:	Email (may be used for official communication):				
Property Owner (Individual Contact Name):	Phone #:	Email (may be used for official communication):				
Owner / Tenant Sales Tax ID Number (if applicable):	<b>Total Value of Project:</b>	<b>Sq. Ft.:</b>	<b>Acres:</b>			
Description of Work:			<b>Water Meter(s):</b>		<b>Irrigation Meter(s):</b>	
			Qty:	Size:	Qty:	Size:

Please indicate ALL types of work that will be part of this project by checking the appropriate boxes.

BUILDING	FENCE	SWIMMING POOL/SPA	FIRE SUPPRESSION SYSTEM:		
MECHANICAL	COLUMNS	FLATWORK (PAVING/GRADING)	FULLY SPRINKLED:	YES	NO
ELECTRICAL	RETAINING WALL	DRIVE APPROACH	NUMBER OF HEADS: _____		
PLUMBING	LANDSCAPE	IRRIGATION SYSTEM	FIRE ALARM	OTHER: _____	
SIGN - ILLUMINATED	YES    NO	BACKFLOW	FOOD SERVICE ESTABLISHMENT*		

\*All food service establishments require a grease interceptor to be on site. If you checked "FOOD SERVICE ESTABLISHMENT" above, is there a grease interceptor on site:    YES    NO

Mechanical Contractor Company Name:					
Contact Name:		Contact #:		Email Address:	
Address:			City:	State:	ZIP:
Electrical Contractor Company Name:					
Contact Name:		Contact #:		Email Address:	
Address:			City:	State:	ZIP:
Plumbing Contractor Company Name:					
Contact Name:		Contact #:		Email Address:	
Address:			City:	State:	ZIP:

- 1. TO SCHEDULE A NEXT BUSINESS DAY INSPECTION CALL OR EMAIL BY 4:00 PM.**
- 2. ALL INSPECTIONS SCHEDULED AFTER 4:00 PM WILL BE MADE THE SECOND BUSINESS DAY.**  
 INSPECTION LINE: 972-899-4020 or [inspections@dentoncountyfwsd.com](mailto:inspections@dentoncountyfwsd.com)
- 3. ANY REQUEST FOR A SAME DAY INSPECTION MUST BE CALLED IN BEFORE 2:00 PM ON THE DAY OF THE INSPECTION AND REQUIRES A \$250.00 FEE. NO EXCEPTIONS.**

**By signing below, I understand that this permit application will expire in 180 days from the application date. I may request, in writing, an additional 180 days extension of the permit prior to the application expiration. If the application is allowed to expire, it may only be reactivated by the filing of a new application, including applicable plans and fees. I have carefully read the completed application and know the same to be true and correct and I hereby agree that if a permit is issued all provisions of the Denton County Fresh Water District 1-A, Local, State, and/or Federal laws will be compiled with, whether herein specified or not, I further agree to comply with all property restrictions, including the Architectural Review Committee. I also affirm that the email address(es) given above may be used for official communication concerning this permit application.**

Applicant's Name: (Please Print) \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_