



# RESIDENTIAL BUILDING PERMIT APPLICATION

Section 14.217 Code of Ordinances

Application Type:

- New Construction
- Addition
- Remodel
- General Repair
- Driveway
- Demolition
- Foundation Repair
- Pool/Spa
- Patio/Carport
- Dock/Deck/Boatlift
- Mobile Home Tie Down
- Fence
- Window Replacement
- Garage
- Detached Garage
- Siding
- Shed/Storage

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 Corpus Christi, TX 78408  
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 (361) 826-4375 (FAX)

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**ALL ITEMS MUST BE  
 FILLED OUT  
 COMPLETELY.**

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

Subdivision: \_\_\_\_\_ LT \_\_\_\_\_ BLK \_\_\_\_\_

Property Tax ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Platted:  YES  NO **\*\*Building Permits CAN NOT be Issued on Properties NOT PLATTED\*\***

Previous Use: \_\_\_\_\_

**Description of work in detail:**

\_\_\_\_\_  
 \_\_\_\_\_

Area of Work	Project Cost
1 <sup>st</sup> Floor Sq. Ft.	Building:
2 <sup>nd</sup> Floor Sq. Ft.	Mechanical:
3 <sup>rd</sup> Floor Sq. Ft.	Electrical:
Garage Sq. Ft.	Plumbing:
Total Square Footage: <i>(Include additional floors on a separate sheet)</i>	Total Project Cost:

City Gas  YES  NO

City Water  YES  NO

City Wastewater  YES  NO

Window U-Value \_\_\_\_\_

<b>Office Use:</b>	
Demolition: (E-mail)	
GAS _____	GIS _____

Names	E-Mail	Address, City, Zip	Phone #
CONTRACTOR:			
PROJECT CONTACT:			
OWNER:			
ENGINEER :			
ARCHITECT :			

\_\_\_\_\_  
 Print Signature Name

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Signature of Contractor or Authorized Agent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Owner (If Owner is Builder)

\_\_\_\_\_  
 Date

Office Use:	
Permit #: _____	Intake Date: _____
PR Fee: _____	Staff Initials: _____