PLANNING DEPARTMENT

3295 Bob Rogers Drive, Eagle Pass, Texas 78852 ● Telephone: (830) 773-7781 ● Fax: (830) 773-7803
www.eaglepasstx.us ● planning@eaglepasstx.us

DRIVEWAY PERMIT APPLICATION

Permit No._____

1. JOB ADDRESS:			**MCAD PROPERTY ID NO.:**
2. LEGAL DESCRIPTION	**LOT:**	**BLOCK:**	**SUBDIVISION NAME:**
3. APPLICANT: ☐ **OWNER** ☐ **CONTRACTOR**			**APPLICANT NAME OR DBA:**
ADDRESS:			
PHONE NO.:			**EMAIL:**

4. CONSTRUCTION INFORMATION: ☐ **Residential** ☐ **Commercial** ☐ **Industrial**

Driveway Ord No 2018-01 (No Curb Cut Required)

5. DESCRIBE WORK:	**6. COST OF PROJECT** (Material plus Labor)**:**

Building Permit Fees	
Base Permit Fee	$ 28.00
Doubling of Fee (Fees double if work is performed without permit being issued)	$
It is recommended that a Concrete Contractor to be hired to perform the work and also be held responsible to request required inspection.	**SUBTOTAL: $**

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NO THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCITON OR THE PREFORMANCE OR CONSTRUCTION.

_____ _____

SIGNATURE **DATE**

Office Use			
	Date Application received for review:	Received by:	Routed to:
	Missing Supporting Documents, if applicable:		
	Date Supplemental Info or Supporting Documents Received:		Received by:
	Permit Issuance Date:		Issued by:

MR:6/2020