



**City of Gonzales**  
**Community Development Department**  
 1920 St. Joseph St., Gonzales, Texas 78629  
 Phone: 830-672-3192  
 Email: buildingpermits@gonzales.texas.gov

**OFFICE USE ONLY**

<b>PROJECT NO.</b>	
Address Verified	
Flood Review	
Permit Fees	

**BUILDING PERMIT APPLICATION**

**Residential Commercial**

<b>APPLICANT</b>	<b>Date</b>	<b>Applicant Name</b>	<b>Email</b>			
	<b>Relationship to Project</b>					<b>Contact Phone No.</b>
	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Architect/ Designer	<input type="checkbox"/> Agent	<input type="checkbox"/> Other	( )

<b>PROPERTY INFORMATION</b>	<b>Owner, Tenant or Business Name</b>	<b>Parcel I.D.</b>
<b>Project Address</b>		

<b>RESPONSIBLE PARTIES (as applicable)</b>	<b>General Contractor</b>	<b>Address</b>			
		<b>Email</b>	<b>Phone Number</b>		
	<b>Project Manager</b>	<b>Address</b>			
	<b>Email</b>	<b>Phone Number</b>			

<b>TYPE OF STRUCTURE</b>	<b>Residential</b>	
	<input type="checkbox"/> Single family	<input type="checkbox"/> Fence
	<input type="checkbox"/> Duplex	<input type="checkbox"/> Accessory
	<input type="checkbox"/> Garage/carport	<input type="checkbox"/> Swimming Pool
	<input type="checkbox"/> Drive/sidewalk	<input type="checkbox"/> Other _____

<b>Commercial</b>	
<input type="checkbox"/> Retail	<input type="checkbox"/> Apartments
<input type="checkbox"/> Office	___ Bldgs. ___ Units per Bldg.
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Fence
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other _____

<b>PROJECT INFORMATION</b>	<b>Scope of Project</b>	
	<input type="checkbox"/> New Construction	<input type="checkbox"/> Shell Building
	<input type="checkbox"/> Addition	<input type="checkbox"/> Tenant Finish-out
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Foundation
	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition
	<input type="checkbox"/> Moving/Relocation	<input type="checkbox"/> Other

<b>Total Cost of Improvements</b>	<b>Square Footage (added)</b>
<b>Present Occupancy</b>	<b>Proposed Occupancy</b>
<b>Construction Type</b>	<b>Fire Rating</b>

**Inspections Hours 8am-5pm Monday - Thursday and must be requested 24 hrs in advance**

**Commercial Only: Roll off Dumpsters must be leased from Frontier Waste Management 1-800-854-2905**

<b>Commercial Projects Only</b>	
<b>TDLR</b>	Project No. _____ <input type="checkbox"/> EXEMPT
<b>Sprinklers</b>	<input type="checkbox"/> Yes Percentage _____ Type _____ <input type="checkbox"/> No

**Other Remarks:**

**WORK STARTED WITHOUT ADEQUATE PERMITS MAY BE SUBJECTED TO A PENALTY OF 3X THE ORIGINAL PERMIT PRICE**  
**INSPECTIONS ARE CONDUCTED MON-THURS AND MUST BE REQUESTED 24 HOUR IN ADVANCE.**

I hereby certify that this application and submitted plans are complete and correct to the best of my knowledge and that all work will be done in compliance with the approved documents and with all codes and ordinances adopted by the City of Gonzales, the State of Texas and the regulations set forth by the Building Official of the City of Gonzales.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_