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	
PROJECT NO.	
Address Verified	
Flood Review	
Permit Fees	

BUILDING PERMIT APPLICATION

Residential **Commercial**

APPLICANT

Date	Applicant Name	Email

Relationship to Project **Contact Phone No.**

☐ Owner ☐ Contractor ☐ Architect/ Designer ☐ Agent ☐ Other ( )

PROPERTY INFORMATION

Owner, Tenant or Business Name	Parcel I.D.

Project Address

RESPONSIBLE PARTIES (as applicable)

General Contractor	Address	
	Email	**Phone Number**

Project Manager	Address	
	Email	**Phone Number**

TYPE OF STRUCTURE

Residential		Commercial	
☐ Single family	☐ Fence	☐ Retail	☐ Apartments
☐ Duplex	☐ Accessory	☐ Office	___ Bldgs. ___Units per Bldg.
☐ Garage/carport	☐ Swimming Pool	☐ Restaurant	☐ Fence
☐ Drive/sidewalk	☐ Other _____	☐ Warehouse	☐ Other _____

PROJECT INFORMATION

Scope of Project	
☐ New Construction	☐ Shell Building
☐ Addition	☐ Tenant Finish-out
☐ Remodel	☐ Foundation
☐ Repair	☐ Demolition
☐ Moving/Relocation	☐ Other

Total Cost of Improvements	Square Footage (added)
Present Occupancy	**Proposed Occupancy**
Construction Type	**Fire Rating**

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 1-888-854-2905

Commercial Projects Only

TDLR	Project No._____ ☐ EXEMPT
Sprinklers	☐ Yes Percentage _____ Type _____ ☐ 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** _____