



Universal Project Permit

City of Nolanville

Planning & Development
101 N 5th St. Nolanville, TX 76559
Phone: (254) 698-6335/ Fax: 254-698-2540
Email Application to
cityhall@nolanvilletx.gov

PLEASE NOTE THE FOLLOWING BEFORE PROCEEDING:

- A Site Plan or Plot Plan (to scale) of the property and the proposed location must be included.
- If the address is on Septic you must provide approval from Bell County Health District with this application

Universal Project Permit

Please select if the project is: **Residential** **Commercial** **Date:** _____

Project Address: _____

Property Owner: _____ **Phone:** _____

Owner Address (if different from above): _____

Contractor Information

General Contractor: _____ **Phone:** _____

Address: _____ **Email:** _____

*Select Project Type & Provide Description of Work Below
Other Project Types on pg2*

- | | | |
|------------|-------------|------------------|
| Backflow | Irrigation | Skirting |
| Demolition | Mechanical | Water Heater |
| Electrical | Plumbing | Water/Sewer Line |
| Gas Test | Porch/ Deck | Roof |
| Solar | Burn Permit | Site Inspection |

DESCRIPTION OF WORK TO BE DONE:

Accessory Structure/ Porch/ Patio/ Shed

Square Footage: _____ Wall Height: _____ Type of Material: _____

Homeowner has contacted their Home Owners Association? Yes No N/A

Existing Structures on property: _____

Any Additional Work:

Electrical Flatwork Plumbing Other: _____

Flatwork Information

New Replacement Repair Addition

Existing Material: _____ Proposed Material: _____

Driveway/Flatwork(\$40 and up) Sidewalk (\$40 and up) Curb Cut/ Street Cut (\$50 and up)

Pool/ Spa- Above Ground

Pool In Ground

Depth of Pool: _____ Pool Deck: Yes No (If yes an additional inspection is required)

Electrical: Yes No Electrical Contractor: _____ Phone: _____

Plumbing: Yes No Plumbing Contractor: _____ Phone: _____

Is location sewerred by a septic system? No, Continue Form Yes, Attach permit approval form from Bell County

Health Department and complete part two.

Fence Information

New Replacement Repair

Proposed Fence Material: _____

Corner Lot: Yes No

Retaining Wall

If 48inches or taller- MUST be engineered

Height: Engineer: Yes No

Proposed Material: _____

Sign

Height: Area: (the entire face)

#of existing signs: #of advertising:

TOTAL VALUATION: _____

(Cost of Labor+ Cost of Materials = Total Valuation)

Application Agreement and Signature

SIGNATURE:

PRINTED NAME:

(Letter of authorization required if signature is other than property owner)

For Completion by City Personnel

Building Official: _____

Effective Date: _____ Expires: _____