City of Fort Worth
Planning & Development Department
Building Permit Application

Project Information:
Address: ___________________________________________________________ Bldg/Suite/Unit#: 
Legal Description: Lot Block Addition
Description of Work: (Please be Specific) ______________________________________________

Residential:
New Construction (New from the ground up or Addition)_____ (Yes/No) Remodel____ (Yes/No)
(New) Total Cost of Construction: __________________________ (materials & labor)
Sq footage: Living Area Garage Porches/Patios Shed Carport
(Remodel) Total Cost of Construction: __________________________ Cost without M/E/P: ____________
(materials & labor)
Garage Conversion (Cost of Construction without M/E/P): ________________

Commercial:
Apartments are considered commercial construction
New Construction (New from the ground up or Addition)_____ (Yes/No) Remodel____ (Yes/No)
Square footage: _______
(New) Total Cost of Construction: __________________________ (materials & labor)
(Remodel) Total Cost of Construction: __________________________ Cost without M/E/P: ____________
(materials & labor)
TDLR #(if over $49,999): ____________ Plat Case File #: ____________

Contractor Information:
City of Fort Worth Registration #: ____________
Contractor Name: ____________________________________________________________
Address: ____________________________________________________________
Phone Number: ____________________________
*Email Address: ____________________________________________________________

Plan Review Contact:
Name: ____________________________
Phone Number: ____________________________
*Email Address: ____________________________________________________________

Site Contact:
Name: ____________________________
Phone Number: ____________________________
*Email Address: ____________________________________________________________

Applicant Name (Printed): ______________________________________________________
Applicant Signature: ____________________________ Date: ____________________________

3rd Party Information
Company Name: ____________________________
Inspections: ______ (Yes/No)
Plan Review ______ (Yes/No)
Contact Info:
Name: ____________________________
Phone: ____________________________
Email: ____________________________

For Office Use Only: Permit Tech: ____________________________ Permit #: ____________ Revised: 12-4-15 DK
*Information used for contact for Plan Review status and holds.