



City of Fort Worth  
Development Services Department  
Building Permit Application

**Project Address:** \_\_\_\_\_ Bldg/Suite/Unit#: \_\_\_\_\_

Legal Description: Addition \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Scope of Work (Please Be Specific):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \*New Construction-brand new primary structure on lot
- \*Addition-adding square footage to existing primary structure
- \*New Accessory- brand new secondary structure on lot
- \*Accessory Addition-adding square footage to existing secondary structure
- \*Remodel- interior or exterior modification to existing primary or secondary structure
- \*Finish-out- remodel for a first generation occupant of a shell or white box space

**\*A Separate Application is Required for Each Structure**

**Commercial (Please Check One):** (Please Note: Apartments (3 or more units on a lot) are Considered Commercial Construction)

\*New Construction: \_\_\_ \*Addition: \_\_\_ \*New Accessory: \_\_\_ \*Accessory Addition: \_\_\_ \*Remodel: \_\_\_ \*Finish-out: \_\_\_

Total Square Footage Associated with Project: \_\_\_\_\_

Total Cost of Construction: \_\_\_\_\_

Total Cost of Construction without Mechanical/Electrical/Plumbing: \_\_\_\_\_

TDLR # (required if Cost of Construction is Over \$49,999): \_\_\_\_\_

**Intended Use:** \_\_\_\_\_ **Previous Use:** \_\_\_\_\_

**Residential (Please Check One):** \*New: \_\_\_ (Single Family)or(Duplex) \*Addition \_\_\_ \*Accessory: \_\_\_ \*Remodel: \_\_\_

For New Construction/Addition/Accessory Please Provide Applicable Square Footage:

(For Duplexes please provide totals for both sides)

Living Area \_\_\_\_\_ Garage \_\_\_\_\_ Porches/Patios \_\_\_\_\_ Storage Shed \_\_\_\_\_ Carport \_\_\_\_\_

Shade Structure \_\_\_\_\_

Other (Please Specify in addition to providing Square Footage): \_\_\_\_\_

Total Cost of Construction: \_\_\_\_\_

For Remodels: Electrical Work: Yes \_\_\_ No \_\_\_ Mechanical Work: Yes \_\_\_ No \_\_\_ Plumbing Work: Yes \_\_\_ No \_\_\_

**3<sup>rd</sup> Party Company:** \_\_\_\_\_

Inspections: Yes \_\_\_\_\_ No \_\_\_\_\_ Plan Review: Yes \_\_\_\_\_ No \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**City of Fort Worth Contractor Registration #:** \_\_\_\_\_

**Contractor's Business Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Site Contact Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Plans Exam Contact Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Applicant Name(Printed):** \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_