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)


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____

3rd 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: ____________________________

Information used to provide Plan Review status and holds.

Revised: 03/01/19 TL