



Permit # \_\_\_\_\_

<input type="checkbox"/> DEMO	<input type="checkbox"/> FA	<input type="checkbox"/> PLAT	<input type="checkbox"/> BOA
<input type="checkbox"/> ROW	<input type="checkbox"/> OH	<input type="checkbox"/> SWPPP	<input type="checkbox"/> FP/ESMNT

## CITY OF UNIVERSITY PARK PERMIT APPLICATION

**COMMUNITY DEVELOPMENT D E P A R T M E N T**  
**4420 Worcola St, Dallas, TX 75206 OFFICE PHONE – 214/987-5411**  
**EMAIL PERMITS TO: PERMITS@UPTEXAS.ORG**

PROJECT ADDRESS:	(OWNER INFORMATION IS MANDATORY)			OWNER PHONE
OWNER OF PROPERTY	MAILING ADDRESS	CITY	STATE	ZIP
DESCRIPTION OF WORK TO BE DONE:				
DESCRIBE THE SPECIFIC USE OF THIS ADDRESS: (RESIDENCE, BUSINESS, SF, DUP, ETC.)				
IF THIS PROJECT IS CONNECTED TO A GENERAL CONTRACTORS JOB, PLEASE LIST THE NAME OF THE GENERAL CONTRACTOR				
SQUARE FOOTAGE	FLOOR SPACE IN NEW ADDITION _____ SQ.FT.			
FLOOR SPACE IN GARAGE AREAS _____	SQ.FT.	FLOOR SPACE OF NON-A/C UNENCLOSED COVERED AREAS _____	SQ.FT.	
FLOOR SPACE IN A/C LIVING AREA _____	SQ.FT.	TOTAL AREA UNDER ROOF _____	SQ.FT.	
COMMERCIAL PROJECTS ONLY	\$			
IS THIS SPACE CURRENTLY VACANT <u>  </u> OR OCCUPIED <u>  </u>	DUMPSTER CO: CO:	PORTABLE TOILET SVC:	BONDED CONCRETE	
<b>FOR PUBLIC OR COMMERCIAL BUILDINGS</b> - I HEREBY CERTIFY THAT AN ASBESTOS SURVEY HAS BEEN DONE IN ACCORDANCE WITH THE TEXAS ASBESTOS HEALTH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSIONS STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) FOR THE AREA (S) BEING RENOVATED AND/OR DEMOLISHED. YES <input type="checkbox"/> NO <input type="checkbox"/>				
APPLICANT'S NAME (PLEASE PRINT)	CELL#			
COMPANY NAME	EMAIL			
MAILING ADDRESS	CITY	STATE	ZIP	
APPLICANT'S SIGNATURE:				
<p>Providing false information on a government document is considered a Class A misdemeanor under Section 37.10 of the Texas Penal Code. Upon conviction, this offense carries a penalty of a fine of up to \$4,000 and possible confinement in jail for up to one year.</p> <p>I hereby grant this permit and I agree to abide by all laws and regulations governing construction. This permit becomes null and void if the authorized work or construction is not commenced, is suspended or abandoned after work is commenced, or if no inspections are obtained within a 6 month period. All permits require final inspections. New construction and remodel or addition projects are to be considered null and void after a period of 18 months. I agree to abide by all laws and ordinances governing this type of work whether herein specified or not and hereby certify that I have read and examined this application and know the same to be true and correct.</p>				

DATE CHECKED \_\_\_\_\_ CHECKED BY \_\_\_\_\_ PLAN REVIEW FEE \$ \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_  
ZONING \_\_\_\_\_ CONST TYPE \_\_\_\_\_ OCCUP. GROUP \_\_\_\_\_ # OF UNITS \_\_\_\_\_ O.L. \_\_\_\_\_