



# City of Rockdale Permit Application

Office: (512)-446-2511

Fax: (512)-446-6258

Email: bblanchard@rockdalecityhall.com

Job Address: \_\_\_\_\_

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

EAB # \_\_\_\_\_ (if commercial and above or equal to \$50,000)

## Owner & Contractor Information

Name	Mailing Address	Zip Code	Phone Number
(O)			
(C)			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Type		
	Cost of Improvement	Description of Scope of work
(a) Electrical	\$	
(b) Plumbing	\$	
(c) Heating, air conditioning	\$	
(d) General Contractor	\$	
(e) Other (sign, etc.)	\$	

Total Cost of Improvement: \$ \_\_\_\_\_

## Is the work being done New Construction or a Remodel?

Yes \_\_\_\_ No \_\_\_\_

*If "YES" fill out what is applicable in section 1, if "NO" move to section 2 unless a sub-contractor will be performing the work, then complete section 1 with the appropriate information.*

### Section 1

Electrical Contractor License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Business Name: \_\_\_\_\_ Contractors Name: \_\_\_\_\_

Cost: \$ \_\_\_\_\_

☐ Copy of State and Driver's License

☐ Copy of Liability Insurance

☐ Surety Bond

Plumbing Contractor License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Business Name: \_\_\_\_\_ Contractors Name: \_\_\_\_\_

Cost: \$ \_\_\_\_\_

☐ Copy of State and Driver's License

☐ Copy of Liability Insurance

☐ Surety Bond

Mechanical HVAC Contractor License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Business Name: \_\_\_\_\_ Contractors Name: \_\_\_\_\_

Cost: \$ \_\_\_\_\_

☐ Copy of State and Driver's License

☐ Copy of Liability Insurance

☐ Surety Bond

Total Cost of work: \$ \_\_\_\_\_ Square footage: \_\_\_\_\_ ft

Any new construction or additions are required to attach building plans to be reviewed by appropriate city staff, the inspector, and if applicable the fire marshal.

### Section 2

Describe scope of work:

\_\_\_\_\_  
\_\_\_\_\_

Setbacks: Front: \_\_\_\_\_ ft Side: \_\_\_\_\_ ft Side: \_\_\_\_\_ ft Rear: \_\_\_\_\_ ft

Total Cost of work: \$ \_\_\_\_\_ Square footage: \_\_\_\_\_ ft

Attach necessary plans for scope of work