



1600 Ave M / 802 Ave Y, Hondo, Texas 78861
Office: (830) 426-4737 (830) 741-2987 Fax: (830) 426-3353

(APPLICANT MUST COMPLETE APPLICATION)

Approved permit is valid for 6 months.

ALL FEES WILL BE **DOUBLED** IF WORK IS STARTED PRIOR TO ISSUANCE OF PERMIT.
TWO (2) SETS OF PLANS OR COMPLETED PROFESSIONAL DRAWINGS SHALL BE SUBMITTED.
ALLOW MINIMUM OF FORTY-EIGHT (48) HOURS FOR PERMIT COMPLETION. *Please contact the local contracted waste disposal company, **Alamo 1**, at 1-800-322-5085 to provide roll-off containers.*

TYPE OF PERMIT: BUILDING ___ FENCE ___ POOL ___ FLOODPLAIN ___ OTHER ___

STRUCTURE USE: COMM. ___ RES. ___ ACCESSORY ___ MANU. HOME ___ OTHER ___

ACTIVITY: NEW BUILDING ___ ADDITION ___ REPAIR/REMODEL ___ OTHER ___

IF COMMERCIAL, STATE TYPE OF BUSINESS: _____

NAME OF CITY OF HONDO PROJECT: _____

OWNER NAME: _____

OWNER'S HOME ADDRESS: _____

PHONE: (____) _____ CELL: (____) _____ FAX: (____) _____

CONTRACTOR: _____ LICENSE # _____

ADDRESS: _____ ST/ZIP: _____

PHONE: (____) _____ CELL: (____) _____ FAX: (____) _____

DESCRIPTION OF PROJECT: _____

PERMIT LOCATION: _____

SQUARE FT. OF PROJECT: _____ ESTIMATED COST: _____

SIGNATURE OF APPLICANT: _____

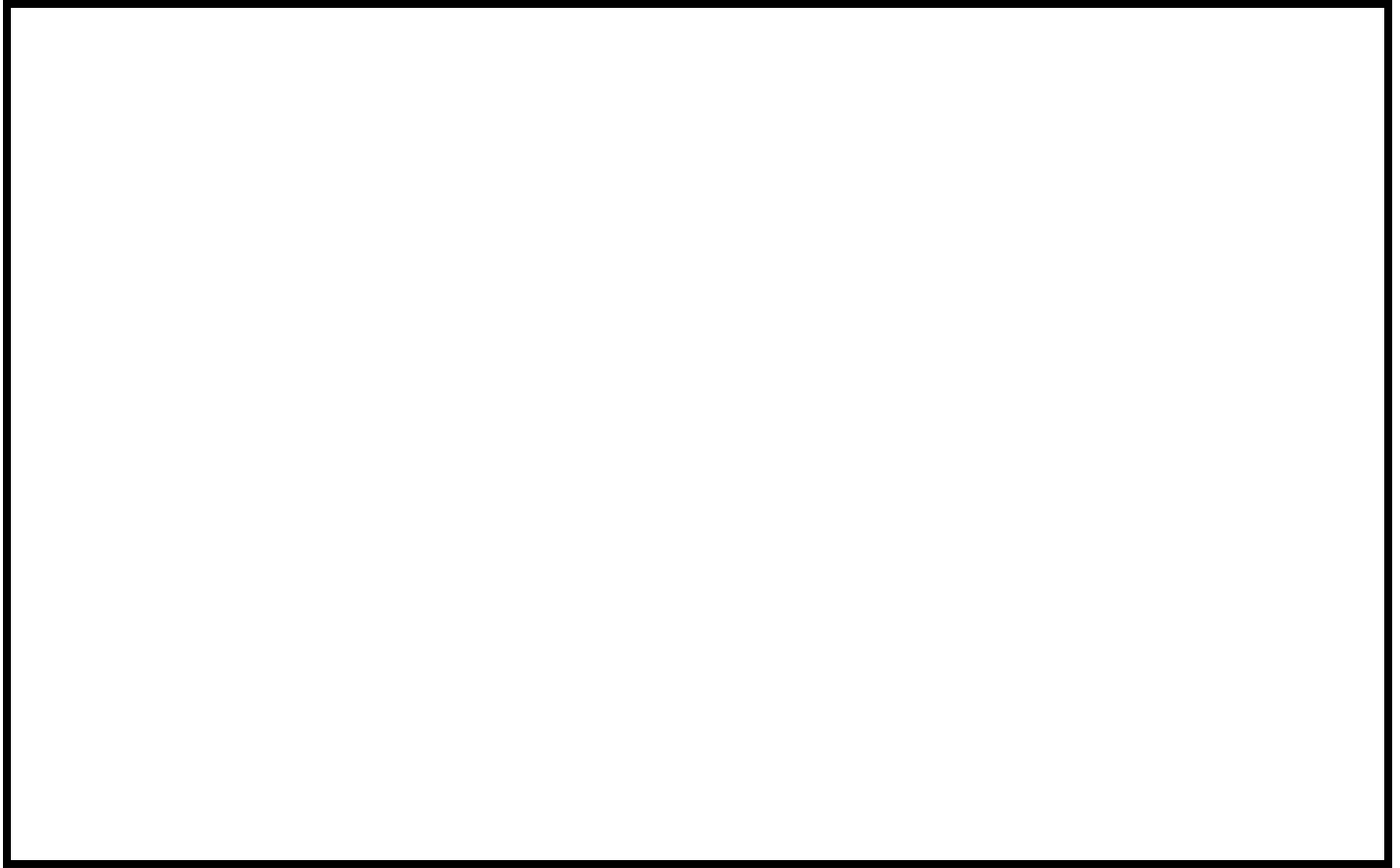
PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE BACK DIAGRAM:

1. SHOW IF PROPERTY IS A CORNER LOT.
2. SHOW ALL STREETS AND ALLEYS.
3. CENTER THE BUILDING, ETC., ON LOTS AS CLOSE TO EXACT AS POSSIBLE.
4. SHOW NUMBER OF FEET FROM EACH PROPERTY LINE (FRONT, BACK & SIDES)
5. PROVIDE TELEPHONE NUMBER WHERE YOU MAY BE REACHED. _____
6. NOTATE THE FRONT AND BACK OF LOT ON THE DRAWING.
7. SHOW SIZE OF LOT ON BACK DIAGRAM.
8. PLEASE CIRCLE TYPE OF PROPERTY: COMMERCIAL, RESIDENTIAL, DUPLEX, APARTMENTS, OR INDUSTRIAL. EACH ZONE HAS DIFFERENT SETBACKS.
9. BE SURE PROPERTY OWNER CHECKS FOR DEED RESTRICTIONS IN SUBDIVISIONS PRIOR TO CONSTRUCTION.
10. SHOW ALL IMPROVEMENTS ON LOT (EXISTING AND PROPOSED). **(OVER PLEASE)**

DRAW DIAGRAM BELOW

THE OUTER BOUNDARY BELOW REPRESENTS THE PROPERTY LINES.

NORTH



SOUTH

OFFICE USE ONLY:

ZONING AREA: _____ VARIANCE #: _____

SATISFIES IMPERVIOUS REQUIREMENTS: 90% _____ 85% _____ 80% _____ 75% _____ 60% _____

CHECK ONE:

TYPE OF REQUIREMENT	YES	NO
SPECIFIC USE		
SETBACK REQUIREMENTS MET		
ASBESTOS SURVEY REQUIRED		
TxDOT PERMIT REQUIRED (If yes, please attach copy to application.)		
FLOOD ZONE		
FIRM Panel #: 48325C0460C Dated: 04/03/12 BFE at site is at:		
IS PROPERTY LOCATED IN FLOOD HAZARD AREA?		
IS PROPERTY LOCATED IN FLOODWAY?		
IS ADDITIONAL INFORMATION REQUIRED? (Letter of Map Revision)		
IS ELEVATION CERTIFICATE ATTACHED WITH PERMIT APPLICATION?		