



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: \_\_\_\_\_

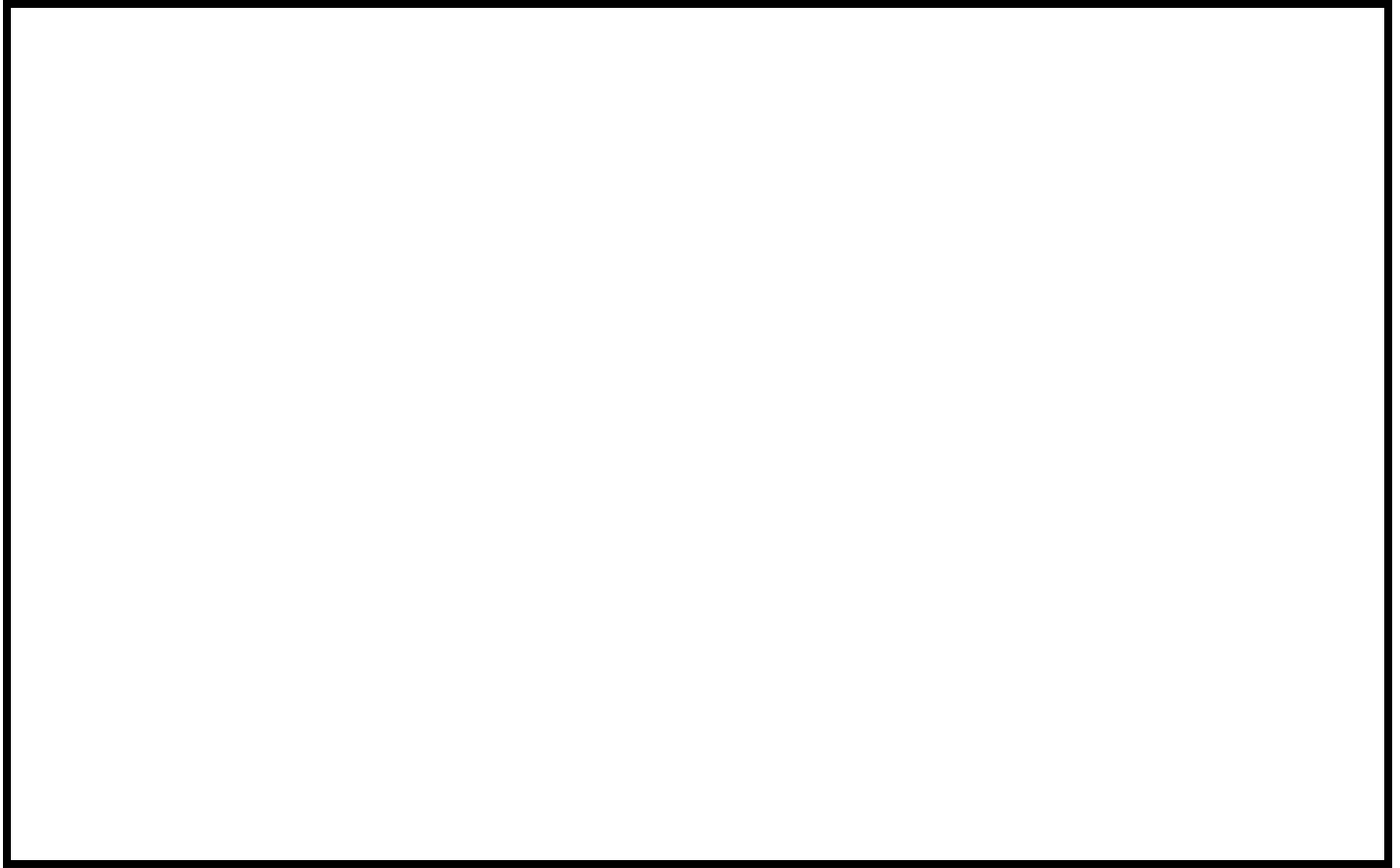
PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE BACK DIAGRAM:

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?		