



City of Galveston – Development Services
Building Division
 3015 Market Street, Galveston, Texas 77550
 Phone: (409) 797-3620 E-Mail: planning@galvestontx.gov

Include Value of Proposed Work	
Total Cost of Labor	\$
& Materials	

BUILDING PERMIT APPLICATION

Date: _____

PROPERTY INFORMATION	Project Address (box a1)		Owner, Tenant, or Business Name (box a2)		Owner Address (box a3)
	Subdivision (Only for New Construction) (box a4)	Block/Lot (Only for New Construction) (box a5)	Tract (Only for New Construction) (box a6)		
	Owner Authorization				
	<p>"I, the legal owner of the listed property, hereby authorize the applying party' to submit applications to the City of Galveston for building permits and related approvals on my behalf for the aforementioned property."</p>				
(box a7) _____		PRINT NAME		SIGNATURE _____	
				DATE _____	

APPLICANT INFORMATION	Applicant Name (box b1)		E-Mail Address (box b2)	Phone Number (box b3)
	Applicant's Relationship to Project (box b4)			
<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect/Designer <input type="checkbox"/> Agent <input type="checkbox"/> Other: _____				

RESPONSIBLE PARTIES <small>(as applicable)</small>	Project Manager / Lead Contractor (box c1)		Address (box c2)		City (box c3)	Zip Code (box c4)	
			E-Mail Address (box c5)		Phone Number (box c6)		
	Attach Owner's Authorization Form		Description of Work				
	CLICK HERE		(boxes c7-c9)				
		(box c8)					
		(box c9)					

STRUCTURE TYPE	Residential	
	<input type="checkbox"/> Single Family Residence <input type="checkbox"/> Duplex <input type="checkbox"/> Garage <input type="checkbox"/> Carport	<input type="checkbox"/> Generator <input type="checkbox"/> Storage Shed <input type="checkbox"/> Other: _____

Commercial	
<input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> School	<input type="checkbox"/> Parking Garage <input type="checkbox"/> Apartments (____ Units in Building) <input type="checkbox"/> Other: _____

PROJECT INFORMATION	Project Scope	
	<p>NOTE: Applications and plans <u>must</u> be submitted electronically. (box f) Visit www.galvestontx.gov for more information.</p>	
	<input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Conversion	<input type="checkbox"/> Foundation <input type="checkbox"/> Demolition <input type="checkbox"/> Other: _____
	_____ _____	

Total Cost of Improvements (box g1)	Square Footage (added) (box g2)
Present Occupancy (box g3)	Proposed Occupancy (if different) (box g4)
Construction Type (box g5)	Fire Rating (box g6)

<i>-Commercial Projects Only-</i>	
Fire Sprinklers	<input type="checkbox"/> No <input type="checkbox"/> Yes Percentage: _____ Type: _____
TDLR	TDLR Project Number: _____ <input type="checkbox"/> EXEMPT (box h2)

Other Remarks: _____

Warning: Any false statement hereon may result in criminal prosecution. The issuance of a permit does not authorize construction on or use of any property in violation of deed restrictions. Any misrepresentations on this application or the declaration will render the permit void. All permitted work is subject to inspection without prior notice.

Signature of Applicant: _____ **Date:** _____
 Owners Authorization Attached

FORM MUST BE FILLED OUT IN ITS ENTIRETY