



# CITY OF ROCKWALL

**BUILDING PERMITS**  
 BUILDING INSPECTION DEPT.  
 385 S. Goliad St.,  
 Rockwall, TX 75087  
 Phone #: (972) 771-7709

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

**To schedule an inspection go to: [www.rockwall.com/buildinginspections/inspectionreq.asp](http://www.rockwall.com/buildinginspections/inspectionreq.asp)**

CONSTRUCTION ADDRESS				TYPE OF PERMIT				
SUBDIVISION			ZONING	LOT	BLOCK			
BUILDING OWNER		MAIL ADDRESS		CITY, STATE, ZIP		PHONE #		
PERSON TO BE CONTACTED REGARDING PERMIT				E-MAIL ADDRESS		PHONE #		
<u>EMAIL ADDRESS FOR INSPECTION REPORT</u>								
GENERAL CONTRACTOR		MAIL ADDRESS		CITY, STATE, ZIP		PHONE #		
ELECTRICAL CONTRACTOR		MAIL ADDRESS		CITY, STATE, ZIP		PHONE #		
PLUMBING CONTRACTOR		MAIL ADDRESS		CITY, STATE, ZIP		PHONE #		
MECHANICAL CONTRACTOR		MAIL ADDRESS		CITY, STATE, ZIP		PHONE #		
<b>BUILDING INFORMATION</b>								
1 <sup>st</sup> floor SF	2 <sup>nd</sup> floor SF	Garage	Covered Porch	Covered Patio	Total SF	Height	Lot Size	Plan #:
Permit Description:								
<small>NOTICE TO APPLICANT: THIS PERMIT IS ISSUED ON THE BASIS OF INFORMATION FURNISHED IN THIS APPLICATION AND ON ANY SUBMITTED PLANS, AND IS SUBJECT TO THE PROVISIONS IN ADDITION, REQUIREMENTS OF THE CITY OF ROCKWALL CODE OF ORDINANCES AND ANY OTHER APPLICABLE ORDINANCE. THIS PERMIT IS ISSUED ONLY FOR THE PURPOSE OF ALLOWING CONSTRUCTION OF A BUILDING OR STRUCTURE CONFORMING TO THE CODES AND ORDINANCES OF THE CITY, REGARDLESS OF INFORMATION AND/OR PLANS SUBMITTED.</small>								
<small>SCOPE OF PERMIT: FOR NEW BUILDINGS AND FOR ADDITIONS TO EXISTING BUILDINGS, THIS PERMIT AUTHORIZES STRUCTURAL, PLUMBING, ELECTRICAL, MECHANICAL, AND WORK TO BE PERFORMED IN THE CONSTRUCTION OF THE BUILDING OR STRUCTURE AT THIS ADDRESS, IF DONE AT THE SAME TIME OF INITIAL CONSTRUCTION. NO SEPARATE SUBCONTRACTOR PERMITS ARE NEEDED FOR THOSE TRADES. HOWEVER, THE PERMIT HOLDER IS REQUIRED TO USE ONLY SUBCONTRACTORS LICENSES, REGISTERED, OR BONDED BY THE CITY OF ROCKWALL WHERE SUCH REQUIREMENT IS APPLICABLE.</small>								
I HEREBY ACCEPT ALL CONDITIONS HEREIN ABOVE MENTIONED AND CERTIFY That ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE:  _____ AGENT OR APPLICANT  _____ (DATE)  Subject property is _____ or is not _____ within the flood hazard area. Required lowest floor elevation is _____.				<b>ESTIMATED VALUE:</b>				
				Building Permit	\$ _____			
		Water Meter Deposit	\$ _____					
		Meter Installation	\$ _____					
		Sewer Service	\$ _____					
		Water Impact Fees	\$ _____					
		Sewer Impact Fees	\$ _____					
		Siren Fee	\$ _____					
		Contractor Registration	\$ _____					
		Certificate of Occupancy	\$ _____					
		<b>Total Fees</b>	<b>\$ _____</b>					
CITY APPROVAL								
_____								
(DATE)								