



Community Development Department
6400 El Verde Road
Leon Valley, Texas 78238
Phone: (210) 684-1391 x 226 Fax: (210) 509-8288
e.dominquez@leonvalleytexas.gov
BUILDING PERMIT APPLICATION

REQUIREMENTS: (1) Building Permit Application, (2) Plot Plans,
 (3) Building Plans with Specifications (Residential 3 sets; Commercial 4 sets) and Digital Version
NOTE: Allow up to 2 weeks for Plan Reviews and Permits
Reinspection fee: \$40.00

Date: _____ **Permit #:** _____

Part I. - Location of Building (PLEASE PRINT or TYPE)

Location: _____ **Zoning District:** _____

Subdivision: _____ **Lot:** _____ **Block:** _____ **CB:** _____

Part II. - Type, Registration, Cost

A. Type of Improvement

1. New Building Type: _____
2. Addition
3. Alteration
4. Repair or Replacement
5. Demolition
6. Moving (relocation)
7. Foundation Only
8. Storage Bldg./Shed Only

C-1. Commercial Registration

- Asbestos Survey included
(For Existing Structures Only)

**Texas Department of Licensing
and Regulation (TDLR)**

**Registration
#:** _____

D. Cost/Retail Value of Project

= _____

**Part III. - Plan Details/Project
Specifications/Foundation/Materials**
(Complete Sections E-I, if applicable)

E. New Building Dimensions

1st Story: _____ 2nd Story: _____

No. of Rooms: _____ No. of Rooms: _____

No. of Bath: _____ No. of Bath: _____

Garage: _____ Storage Shed: _____

**Total Square Footage of
New Building Project:** _____

B. Project Type

1. Commercial—**projects over \$50,000**
complete Section C-1
2. Residential—**projects over \$20,000**
complete Section C-2

C-2. Residential Registration

**Texas Residential Construction
Commission (TRCC)**

**Registration
#:** _____

F. Current Dimensions (pertains to existing buildings, additions, alterations, repairs, demolitions, and relocations only)

1st Story: _____ 2nd Story: _____

No. of Rooms: _____ No. of Rooms: _____

No. Bathrooms: _____ No. Bathrooms: _____

Garage: _____ Storage Shed: _____

Square Footage of Existing Project: _____

G. Altered Dimensions (pertains to existing buildings, additions, alterations, repairs, demolitions, and relocations only)

1st Story _____ 2nd Story: _____

No. of Rooms: _____ No. of Rooms: _____

No. Bathrooms: _____ No. Bathrooms: _____

Garage: _____ Storage Shed _____

**Total Altered Square Footage of the
Proposed Project:** _____

H. Foundation

Dimensions: _____

Total Square Footage: _____

I. Materials

Floors: _____

Roof: _____

Exterior Walls: _____

Interior Walls: _____

*****CALL FOR NEXT DAY INSPECTIONS*****

Revised 8/15ec

