



FEES DOUBLE IF WORK IS PERFORMED WITHOUT PERMIT BEING ISSUED



NON-TRANSFERRABLE NO REFUNDS EXPIRES IN 180 DAYS

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

I \_\_\_\_\_, the undersigned, have carefully reviewed this application and my answers to all questions. To the best of my knowledge, the answers are all true and correct.

Property address: \_\_\_\_\_

SIGNATURE of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(Office Use Only)

5.  Approved  Denied Date \_\_\_\_\_

SIGNATURE of Authorized Agent of the City of Santa Clara \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact City Hall for Inspection(s):

By Phone (830) 914-4443

By Mail or In Person 1653 N. Santa Clara Rd.

Mayor Email address: [mayor@ciSantaClaraTX.us](mailto:mayor@ciSantaClaraTX.us)

City Secretary Email address: [SantaClaraTX@yahoo.com](mailto:SantaClaraTX@yahoo.com)

Office Hours: Monday – Friday 9:00 AM – 2:00 PM

(Office Use Only)

**6. Inspections** **Fees (\$):** \_\_\_\_\_

SITE INSPECTION

Date: \_\_\_\_\_  Approved By: \_\_\_\_\_  Re-Inspection

Date: \_\_\_\_\_  Approved By: \_\_\_\_\_  Re-Inspection

Inspection Notes \_\_\_\_\_

\_\_\_\_\_

FINAL INSPECTION

Date: \_\_\_\_\_  Approved By: \_\_\_\_\_  Re-Inspection

Date: \_\_\_\_\_  Approved By: \_\_\_\_\_  Re-Inspection

Inspection Notes \_\_\_\_\_

\_\_\_\_\_

ATTACH PROOF OF VALUE OF CONSTRUCTION/IMPROVEMENT AND SITE PLAN OR SURVEY SHOWING THE PROPOSED WORK TO BE DONE FOR PRELIMINARY REVIEW, MORE DETAILED DRAWINGS MAY BE REQUIRED BEFORE A PERMIT CAN BE ISSUED.