ELTIOPMENT SERVICE	<b>Resident</b> A	ICC INTERNATIONAL CODE COUNCIL MEMBER				
240	6 Leopard St. Corpus Christi, T	X 78408   Phone: 361.820	6.3240   Fax: 361.826.4375			
	Application Type:					
ALL ITEMS MUST BE FILLED OUT COMPLETELY.	<ul> <li>New Construction</li> <li>Driveway/Sidewalk</li> <li>Patio/Carport</li> <li>Window Replacement</li> <li>Shed/Storage</li> </ul>	<ul> <li>Addition</li> <li>Demolition</li> <li>Dock/Deck/Boatlift</li> <li>Garage</li> </ul>	<ul> <li>Remodel</li> <li>Foundation Repair</li> <li>Detached Garage</li> <li>Solar Panels</li> </ul>	□ Pool/Spa □ Fence □ Siding		
	Project Address:					
Subdivision:			LT	BLK		
Property Tax ID	<u>-</u>					
Platted:  _ YES  _ NO **Build	ing Permits <b>CAN NOT</b> be Issued on	n Properties NOT PLATTED**				

Description of work in detail:

Area of Work			City Gas	
1 <sup>ST</sup> Floor Sq. Ft.	Project Cost Required on all remodels if constructed in Special Flood Hazard area		City Water	
2 <sup>nd</sup> Floor Sq. Ft.			City Wastewater	
3 <sup>rd</sup> Floor Sq. Ft.			Demo Needed	
Garage Sq. Ft.				
Total Square Footage:	Total Project Cost:			
(Include additional floors on a separate sheet)				
Names	E-Mail	Address, City, Zip	<u></u>	Phone #
Contractor / Authorized Agent:				
Owner:				
Architect / Engineer / Designer:				
Mechanical Contractor:				
Electrical Contractor:				
Plumbing Contractor:				
Energy Compliance Inspector: (new & additions)				
Energy Compliance Option to be Utilized:				ATING INDEX ANALYSIS
I have read the complete application and know Ordinance will be complied with whether here agent.				
Print Signature Name	Signature of Co	Signature of Contractor or Authorized Agent Date		
Signature of Owner (If Owner is Builder)	Date		Phone Number	

City of Corpus Christi | Form No: DSD-1003