



## Universal Project Permit

### City of Nolanville

Planning & Development  
101 N 5<sup>th</sup> St. Nolanville, TX 76559  
Phone: (254) 698-6335/ Fax: 254-698-2540  
Email Application to  
[cityhall@nolanvilletx.gov](mailto:cityhall@nolanvilletx.gov)

**PLEASE NOTE THE FOLLOWING BEFORE PROCEEDING:**

- A Site Plan or Plot Plan (to scale) of the property and the proposed location must be included.
- If the address is on Septic you must provide approval from Bell County Health District with this application

### Universal Project Permit

Please select if the project is:    **Residential**    **Commercial**    **Date:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Owner Address (if different from above):** \_\_\_\_\_

### Contractor Information

**General Contractor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Select Project Type & Provide Description of Work Below  
Other Project Types on pg2*

- |            |             |                  |
|------------|-------------|------------------|
| Backflow   | Irrigation  | Skirting         |
| Demolition | Mechanical  | Water Heater     |
| Electrical | Plumbing    | Water/Sewer Line |
| Gas Test   | Porch/ Deck | Roof             |
| Solar      | Burn Permit | Site Inspection  |

**DESCRIPTION OF WORK TO BE DONE:**

**Accessory Structure/ Porch/ Patio/ Shed**

Square Footage: \_\_\_\_\_ Wall Height: \_\_\_\_\_ Type of Material: \_\_\_\_\_

Homeowner has contacted their Home Owners Association? Yes No N/A

Existing Structures on property: \_\_\_\_\_

Any Additional Work:

Electrical Flatwork Plumbing Other: \_\_\_\_\_

**Flatwork Information**

New Replacement Repair Addition

Existing Material: \_\_\_\_\_ Proposed Material: \_\_\_\_\_

Driveway/Flatwork(\$40 and up) Sidewalk (\$40 and up) Curb Cut/ Street Cut (\$50 and up)

**Pool/ Spa- Above Ground**

**Pool In Ground**

Depth of Pool: \_\_\_\_\_ Pool Deck: Yes No (If yes an additional inspection is required)

Electrical: Yes No Electrical Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Plumbing: Yes No Plumbing Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Is location sewered by a septic system?

[ ] No, Continue Form

[ ] Yes, Attach permit approval form from Bell County Health Department and complete part two.

**Fence Information**

New Replacement Repair

Proposed Fence Material: \_\_\_\_\_

Corner Lot: Yes No

**Retaining Wall**

*If 48inches or taller- MUST be engineered*

Height: Engineer: Yes No

Proposed Material: \_\_\_\_\_

**Sign**

Height: Area: (the entire face)

#of existing signs: #of advertising:

**TOTAL VALUATION:** \_\_\_\_\_

**(Cost of Labor+ Cost of Materials = Total Valuation)**

**Application Agreement and Signature**

**SIGNATURE:**

**PRINTED NAME:**

\_\_\_\_\_  
(Letter of authorization required if signature is other than property owner)

**For Completion by City Personnel**

Building Official: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expires: \_\_\_\_\_