Date:			Permi	t No:
	Re	E CITY OF SILSBEE esidential Building ermit Application		
New	Remodel	Addition	Other	
•	accordance with the Burermit for the purpose of	•	-	
Job Location:			HCAD PID:	
Owner Name:	Owner Phone:			
Owner Address:				
Contractor Name:	·			
	one:			
Contractor Email Ad	dress:			
Note: Minimum Resi	dential Setback Requir	ements from propert	y lines are as Follo	ows:
Check Setbace	ront- 25 Ft; Street Side ck Requirements in Dec s: Front: S	ed Restrictions also	·	
	Square Footage		No. of Baths	No Bedrooms
	me: Wood Electric			
_		_		
Description of work to	be done:			
I,	ocal and 2018 Internation ation, repair, addition to,, he by the City of Silsbee. It is esidential Building Coordinate acknowledge that a of information enforced authorized agent of the pections during normal with the coordinate acknowledge. This	or moving of said build ereby certify that I had understand that all work de (IRC), ordinances a the City of Silsbee or ling deed restrictions the owner, will allow the	ding, whether specificate read this apply will be performed and laws adopted by its authorized ager, covenants or he audiding Official of	ied or not. Dication and filled all in compliance with the the City of Silsbee and it is not responsible or omeowner association or his authorized agent

Permit Fee\$ _____ (based on current schedule of fees) Date of Approval: _____ Approved by: _____

Applicant Signature: _____