

**CITY OF FREDERICKSBURG
APPLICATION FOR BUILDING PERMIT**

TDLR# _____ **ASBESTOS ABATEMENT SURVEY** _____

Name of Applicant: _____ Owner (Check if Appropriate)

Phone Number: _____

Name of Owner: _____

Name of Contractor: _____ Owner (Check if Appropriate)

Building Permit Address: _____

TYPE OF PERMIT REQUESTED:

Non-Residential: Building Use _____

Fence: Material _____ : Height _____ : Length _____

Other: _____

Detached Accessory Building:

Garage: Carport: Storage: Hobbyshop: Guest House: Other _____

Residence:

Interior Remodeling: Building Addition: New Building: Other _____

Other _____

Estimated Cost of Construction: \$ _____

Construction Details:

Foundation: Concrete Pier and Beam: Concrete Slab: Other _____

Bearing Walls: Wood Frame: Concrete Block: Other _____

Roof Structure:

Unsupported Span: _____ feet

Rafter Member: _____ inches by _____ inches at _____ feet on center

Ceiling joist: _____ inches by _____ inches at _____ feet on center

The undersigned certifies the information provided is complete and true.

Signature

Date

APPLICATIONS MUST BE ACCOMPANIED BY A SITE PLAN AND FLOOR PLAN.