

City of Combes
P.O. Box 280
21626 Hand Rd.
Combes, TX 78535
Tel (956)425-7131 Tel (956)423-2714
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Email; agutierrez@townofcombes.com



Miscellaneous Permit Application

PROJECT INFORMATION				
Project Address	Apt #	Subdivision	Lot	Block
Property Owner Name	Property Owner Address (if different)		Phone	
General Contractor Name	General Contractor Address		Phone	
Contact Email:				
DESCRIPTION OF WORK				
Description of work to be done:				
Project Value: \$				
Check one: <input type="checkbox"/> Single-family (detached) <input type="checkbox"/> Commercial <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Multifamily				
<u>Project Details</u>				
<input type="checkbox"/> Culvert Pipe Installation	<input type="checkbox"/> Irrigation Residential	<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Electrical Meter Upgrade	<input type="checkbox"/> Irrigation Commercial	<input type="checkbox"/> Replace Boilers and Water Heater		
<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Storage Room	<input type="checkbox"/> Reroof		
<input type="checkbox"/> Moving, Relocation, Demolition	<input type="checkbox"/> Electrical	<input type="checkbox"/> Driveways		
<input type="checkbox"/> Windows & Doors	<input type="checkbox"/> Sidewalks	<input type="checkbox"/> Fence <input type="checkbox"/> Carport <input type="checkbox"/> Awnings		
Note: All electrical, mechanical and plumbing work must be bonded and insured. Provide sketch and/or plans and site plan for Driveways, Storage Rooms, Fence, Carports and Home Additions				
CONTRACTOR TRADES (COMPANY NAME)				
Contractors must validate on this permit before starting work				
Plumbing Contractor	Electrical Contractor	Other		
NOTICE				
I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.				
Applicant Name (print)	Applicant Signature		Date	

-----OFFICE USE ONLY BELOW THIS LINE-----

