

BUILDING PERMIT

Jurisdiction of PHarr

7931

Applicant to complete numbered spaces only.

JOB ADDRESS 704 W. Sam Houston			
1	LEGAL DESCR. 8 & 9	LOT NO. 3	TRACT Byers Subdivision <input type="checkbox"/> SEE ATTACHED SHEET
2	OWNER St. George Greek Orthodox Church	MAIL ADDRESS	ZIP PHONE
3	CONTRACTOR Bacha Faik Bichay	MAIL ADDRESS	PHONE REGISTRATION NO.
4	ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE REGISTRATION NO.
5	ENGINEER	MAIL ADDRESS	PHONE REGISTRATION NO.
6	LENDER	MAIL ADDRESS	BRANCH
7 USE OF BUILDING			
8 Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			
9 Describe work: Will be constructing a 24'x40' addition to the church.			

OWNER
JOB ADDRESS

10 Valuation of work: \$ 10,000.00	PLAN CHECK FEE	PERMIT FEE \$34.00
SPECIAL CONDITIONS: 1) If trusses have more than 22' of unsupported span, they have to be designed by an engineer.	Type of Const.	Occupancy Group
	Size of Bldg. (Total) Sq. Ft.	No. of Stories
	Fire Zone	Use Zone
APPLICATION ACCEPTED BY Adan	PLANS CHECKED BY Adan	APPROVED FOR ISSUANCE BY Adan
	No. of Dwelling Units	OFFSTREET PARKING SPACES: Covered Uncovered

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Bacha Faik Bichay 12
2/19/86
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

Special Approvals	Required	Received	Not Required
ZONING			
HEALTH DEPT.			
FIRE DEPT.			
SOIL REPORT			
OTHER (Specify)			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

APPLICANT