



**CITY OF HEATH**  
 200 Laurence Dr. Heath TX 75032  
 972-961-4883 Phone 972-961-4897 Inspection Line

**SINGLE FAMILY DWELLING PERMIT**

**Permit #:** \_\_\_\_\_

Project Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Property Owner Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Project Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**SUB CONTRACTORS**

Electrical Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mechanical Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Foundation Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Project Description** \_\_\_\_\_

**Sq. ft. A/C** \_\_\_\_\_ **Sq. ft. other** \_\_\_\_\_ **Total Under Roof** \_\_\_\_\_

**CITY SANITARY SEWER**       **OSSF**

I am the owner, the contractor or the duly authorized agent of the above property. I agree to comply with all codes and Ordinances of The City of Heath. This permit is issued on the basis of information furnished in this application and on any submitted plans or documents, and is subject to the provisions and requirements of the 2018 International Residential Code and The City of Heath Code of Ordinances. If any information is found to be untrue or incomplete this permit may be revoked and all construction stopped until a new permit has been approved and issued. Permission is hereby granted to enter the premises to make inspections. I hereby accept all conditions herein and certify that all statements herein recorded by me are true.

Signed: \_\_\_\_\_  
 Contractor or Agent

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Approved: \_\_\_\_\_  
 Building Department

Date: \_\_\_\_\_

PERMIT FEE	\$ _____
TEMP. UTIL. DEPOSIT	\$ _____
PARK FEE	\$ _____
SEWER IMPACT	\$ _____
WATER IMPACT	\$ _____
METER PASS THRU FEE	\$ _____
ROADWAY IMPACT	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

<i>Office Use Only:</i> Setbacks Front _____ Side L _____ Side R _____ Rear _____ Height _____ Zoning _____
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# CITY OF HEATH METER SET-REQUEST

200 Laurence Drive Heath, TX 75032  
Building Dept: 972-961-4883 [AFERRELL@HEATHTX.COM](mailto:AFERRELL@HEATHTX.COM)  
Utility Dept: 972-771-6228 #2 [UTILITYBILLING@HEATHTX.COM](mailto:UTILITYBILLING@HEATHTX.COM)

DATE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

RESPONSIBLE PARTY FOR BILLING:  BUILDER  RESIDENT

BUILDER/RESIDENT NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

BILLING PREFERENCE:  E-BILL  MAIL      COMMUNICATION PREFERENCE:  PHONE  TEXT

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVERS LICENSE NUMBER/STATE: \_\_\_\_\_

LEGAL DESCRIPTION: SUBDIVISION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

**SEPARATE WATER METERS ARE REQUIRED – DOMESTIC AND IRRIGATION. NO FRACTIONAL METERS WILL BE  
INSTALLED.**       RESIDENTIAL  COMMERCIAL       SEWER  SEPTIC

BUILDING WATER METER SIZE: \_\_\_\_\_ IRRIGATION WATER METER SIZE: \_\_\_\_\_

**PLEASE CHECK METER NOTES BEFORE REQUESTING METER SET!**

1. ADDRESS MUST BE POSTED.
2. THE METER BOX MUST BE SURROUNDED BY A STABLE ORANGE FENCE. LEAVE STREET CURB SIDE OPEN.
3. METER BOX MUST BE DUG UP & ANGLE STOP INSIDE METER CAN MUST BE ACCESSIBLE AND FREE OF MUD, SILT, AND TRASH.
4. THE REQUESTING PARTY IS RESPONSIBLE FOR DAMAGES TO THE WATER METER, METER CAN, AND LID.
5. IF THE METER LOCK IS REMOVED, WATER SERVICE IS JUMPED, OR AN UNAUTHORIZED USE OF WATER OCCURS, THERE WILL BE A \$500.00 FINE.
6. \$325 UTILITY DEPOSIT WILL BE APPLIED TO THE FIRST BILL.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE SUBMITTED

Office Use Only:		
Initial: _____	Date: _____	Comments: _____
Initial: _____	Date: _____	Comments: _____
Domestic Meter S/N: _____	Irrigation Meter S/N: _____	
Domestic Meter EID: _____	Irrigation Meter EID: _____	
Notes: _____		