



508 W. Main P. O. Box 349 Gunter, TX 75058-0349
(903) 433-5185 Fax (903) 433-8039 Email mayor@ci.gunter.tx.us

Residential: Electrical – Plumbing – Mechanical

Electrical Upgrades/ Repairs

When is a permit needed? A permit is required for all service upgrades, service repairs or circuit replacements.

What is needed to obtain a permit? A plan review is not required, but a permit fee is due upon permit issuance.

Submittal documents: Fill out a Residential permit application.

Plumbing Upgrades/ Repairs

When is a permit needed? A permit is required when a gas line is added, replaced or repaired, installing gas logs inside your fireplace, replacing a gas or electric water heater, adding a water softener to your home or sprinkler system.

What is needed to obtain a permit? A plan review is not required, but a permit fee is due upon permit issuance.

Submittal documents: Fill out a Residential permit application.

Sprinkler Permits: An approved backflow device must be installed with each sprinkler system.

Mechanical Upgrades/ Repairs

When is a permit needed? A permit is required when an air conditioner or furnace is replaced.

What is needed to obtain a permit? A plan review is not required, but a permit fee is due upon permit issuance.

Submittal documents: Fill out a Residential permit application.

Inspections

Request an inspection from Bureau Veritas. Inspections received by 5:00 p.m. Monday – Friday will be performed the next business day.

Phone: (817) 335-8111 / toll free (877) 837-8775

Fax: (817) 335-8110 / toll free (877) 837-8859

Can also be emailed to: inspectionstx@us.bureauveritas.com

All Electrical, Plumbing, and Mechanical work described above require an inspection and Contractor Registration.



Phone: (903) 433-5185
 Fax: (903) 433-8039

508 W. Main St.
 Gunter, Texas 75058

Residential Permit Application

Building Permit Number: _____		Valuation: _____	
Project Address: _____		Zoning: _____	
Lot: _____	Block: _____	Subdivision: _____	
Project Description:	NEW SFR <input type="checkbox"/>	SFR REMODEL/ADDITION <input type="checkbox"/>	SPECIFY OTHER: _____
	PLUMBING <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>
FENCE <input type="checkbox"/>	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	SWIMMING POOL <input type="checkbox"/>
Description of Work:			
Area Square Feet:		Covered	
Living: _____	Garage: _____	Porch: _____	Total: _____
			Number of stories: _____

Owner Information:		
Name: _____	Contact Person: _____	
Address: _____		
Phone Number: _____	Fax Number: _____	Email: _____

General Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Electrical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Plumber/Irrigator	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
TPO Energy Provider	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

A certificate of occupancy must be issued before any building is occupied.

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 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.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Public Works	Approved By: _____	Date: _____	Building	Approved By: _____	Date: _____
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Building Permit Fee: _____ Water Impact Fee: _____ Sewer Impact Fee: _____ Water Deposit: _____ Water/Sewer Connection: _____	Total Fees: _____ Receipt #: _____ Issued Date: _____ Issued By: _____ BV Project # _____
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Bureau Veritas Contact Information

Permit Submittal

The permit documents and fees will be submitted to the city. Submittal documents should be complete to expedite plan review and permit issuance. Please contact the city for a complete list of permit submittal requirements.

Plan Review

Bureau Veritas will be conducting residential and commercial plan reviews. The applicant will be contacted by Bureau Veritas if revisions are needed. You may contact Bureau Veritas' Plan Review Department for the status of your permit at (469) 241-1834 or toll free (800) 906-7199.

Inspection Requests

Please contact Bureau Veritas to request inspection(s). Any of our permit technicians can assist you. Inspections requested by 5:00 pm Monday – Friday will be performed the next business day. Inspection requests can also be faxed to the Bureau Veritas office.

Inspection line: (817) 335-8111 or (972) 980-8401
Inspection FAX line: (817) 335-8110 or (972) 980-8400
Toll Free number: (877) 837-8775
Toll Free FAX line: (877) 837-8859

Inspection requests can also be emailed to: inspectionstx@us.bureauveritas.com

Field Inspections

Inspectors assigned to your area can be contacted via cell phone. Please call the Bureau Veritas office at (817) 335-8111 or toll free (877) 837-8775 for your inspector's name and number.

We look forward to working with you to ensure that the community is provided with a safe and durable built environment.



CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

<input type="checkbox"/> ELECTRICAL CONTRACTOR	<input type="checkbox"/> MECHANICAL (HVAC)
<input type="checkbox"/> MASTER ELECTRICIAN	<input type="checkbox"/> IRRIGATOR (LANDSCAPE)
<input type="checkbox"/> JOURNEYMAN ELECTRICIAN	<input type="checkbox"/> BACKFLOW (<i>special form required</i>)
<input type="checkbox"/> MASTER SIGN ELECTRICIAN	<input type="checkbox"/> THIRD PARTY ENERGY PROVIDER
<input type="checkbox"/> MASTER PLUMBER	<input type="checkbox"/> WASTE CONTRACTOR
<input type="checkbox"/> JOURNEYMAN PLUMBER	<input type="checkbox"/> OTHER

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____ PHONE: _____

ADDRESS (MAILING): _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE