

**For next business day inspection, you must schedule by 4pm.**

To schedule inspection, email [cityinspections@cedarhilltx.com](mailto:cityinspections@cedarhilltx.com) or  
call 972-291-5100 x1093.

Portal: <https://cedarhilltxenergovpub.tylerhost.net/Apps/SelfService#/home>.

## BUILDING PERMIT APPLICATION

**EMAIL TO: [citypermits@cedarhilltx.com](mailto:citypermits@cedarhilltx.com) (contractors must apply online through the portal)**

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

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

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_

AREAS (SQ.FT.): LIVING AREA: \_\_\_\_\_ GARAGE: \_\_\_\_\_ PORCH: \_\_\_\_\_ TOTAL AREA: \_\_\_\_\_

MASONRY PERCENTAGE (%): FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ LEFT SIDE: \_\_\_\_\_ RIGHT SIDE: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_ VALUE OF WORK: \$ \_\_\_\_\_

### PROPERTY OWNERS INFORMATION

PROPERTY OWNERS NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE#: \_\_\_\_\_

### CONTRACTORS

ADDRESS (PHYSICAL/MAILING INCLUDE CITY, STATE & ZIP)

PHONE#

GENERAL: \_\_\_\_\_

ELECTRICAL: \_\_\_\_\_

MECHANICAL: \_\_\_\_\_

PLUMBING: \_\_\_\_\_

*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 regulating construction or the performance of construction.*

*Please be advised the information contained on this application is public record and subject to release in response to a request for public information.*

APPLICANT'S PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ E-Mail (Required) \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_