



CITY OF TROUP
PO BOX 637
TROUP, TEXAS 75789
PH#903-842-3128

APPLICATION FOR PERMIT

Enter what Type of Permit you are requesting – Alcohol, Building, Specific Use, Variance or Zoning Change

OFFICE USE ONLY

CASE NUMBER _____ SUBMITTAL DATE _____

NON-REFUNDABLE FEE OF \$150.00 COLLECTED & RECEIVED BY _____

SITE PERMIT# _____ DATE ISSUED _____

DESCRIPTION OF PROPERTY

LOT NUMBER _____ BLOCK NUMBER _____

SUBDIVISION _____ LOT SIZE _____

PROPERTY ADDRESS _____

GENERAL LOCATION _____

Attach a current survey plat delineating the subject property or a meets and bounds description and survey if land is currently un-platted.

APPLICANT INFORMATION

APPLICANT'S NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL ADDRESS _____

PHONE # _____ FAX# _____

DRIVER'S LICENSE # _____ EXPIRES _____

OWNER INFORMATION

APPLICANT'S NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL ADDRESS _____

PHONE # _____ FAX# _____

DRIVER'S LICENSE # _____ EXPIRES _____



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DESIGNATION OF AGENT FORM

I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing and the representation of this request. The designated agent shall be the principal contact person with the City of Troup (and vice versa) in processing and responding to requirements, information requests or other issues relative to this request.

PROPERTY OWNER

Printed Name _____

Signature _____

Date _____

APPLICANT

Printed Name _____

Signature _____

Date _____

DESIGNATED AGENT

Printed Name _____

Signature _____

Date _____

Address _____

City, State, Zip _____

Email Address _____

Phone _____ Fax _____

Drivers License # _____ Expires _____

**CITY OF TROUP
106 E. DUVAL
TROUP, TX 75789
(903) 842-3128**

APPLICATION FOR ALCOHOLIC BEVERAGE PERMIT

Date: _____

Applicant or Applicant's Representative: _____

Business Known As: _____

Address: _____

Contact Phone No: _____

Legal Description: Lot _____ **Block** _____ **Subdivision** _____

Application is filed for:

- | | |
|--|---|
| <input type="checkbox"/> BQ Wine and Beer Retailer's Off-Premise Permit | <input type="checkbox"/> LP Local Distributor's Permit |
| <input type="checkbox"/> BF Beer Retail Dealer's Off-Premise Permit | <input type="checkbox"/> E Local Cartage Permit |
| <input type="checkbox"/> P Package Store Permit | <input type="checkbox"/> ET Local Cartage Transfer Permit |
| <input type="checkbox"/> Q Wine Only Package Store Permit | <input type="checkbox"/> PS Package Store Tasting Permit |
| | <input type="checkbox"/> RM Mixed Beverage Restaurant Permit with FB |
|
 | |
| <input type="checkbox"/> Original/New | |
| <input type="checkbox"/> Annual Renewal | |

Comments or Special Conditions: _____

File with the Office of the City Secretary, at City of Troup, City Hall, 106 E. Duval, Troup, TX 75789 or mail to City of Troup, P O Box 637, Troup, TX 75789. For additional information contact the Office of the City Secretary at (903) 842-3128 or TABC Licensing Division Terry Hing 903-759-7834.

All fees must be paid at the time of application and are non-refundable. Failure to complete all information may cause a delay in processing of a permit. The City's processing of a permit could take up to thirty (30) days from the date an application is filed.

Approved: _____ **Permit fee \$30.00 if approved**

Rejected: _____

Reason for rejection: _____

APPLICATION FOR BUILDING PERMIT

IN CITY OF TROUP, TEXAS

File with the Office of the City Secretary, at Troup City Hall, 106 E. Duval Troup, Texas 75789 or mail to PO Box 637 Troup, Texas 75789. All fees must be paid at the time the application is filed and are non-refundable. Failure to complete all information may cause a delay in processing of a permit. The City's processing of a permit could take up to 30 days from the date an application is filed.

Name of Owner: _____ Date: -- _____

Street: _____ Block: _____ Lot: _____

<u>CLASS OF BUILDING</u>	<u>CLASS OF ROOF</u>	<u>TYPE OF CONSTRUCTION</u>	
<input type="checkbox"/> One Family Dwelling	<input type="checkbox"/> Comp. Shingle	<input type="checkbox"/> Frame	<input type="checkbox"/> Concrete
<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Brick	<input type="checkbox"/> Iron Clad
<input type="checkbox"/> Apartment	<input type="checkbox"/> Built up Roof	<input type="checkbox"/> Stucco	<input type="checkbox"/> Hollow Tile
<input type="checkbox"/> No. Apartments	<input type="checkbox"/> Roofing Paper	<input type="checkbox"/> Brick Ven.	
<input type="checkbox"/> Local Retail	<input type="checkbox"/> Metal		
<input type="checkbox"/> Commercial	<input type="checkbox"/> Tile		
<input type="checkbox"/> Central Business			
<input type="checkbox"/> Wholesale	No. Flues to Ground	THICKNESS OF WALLS IN THE FIRE LIMITS _____	
<input type="checkbox"/> Warehouse	No. Bracket Flues	TYPE OF ELECTRIC WIRING	
<input type="checkbox"/> Industrial	No. Chimneys	<input type="checkbox"/> Knob & Tube	
<input type="checkbox"/> Light Manufacturing	FOUNDATION	<input type="checkbox"/> Conduit	
<input type="checkbox"/> Heavy Manufacturing	<input type="checkbox"/> Stone	<input type="checkbox"/> Romex	
<input type="checkbox"/> Repair to Building	<input type="checkbox"/> Brick	PLUMBING CONNECTIONS	
<input type="checkbox"/> Addition to Building	<input type="checkbox"/> Concrete	<input type="checkbox"/> Baths	
<input type="checkbox"/> Private Garage	<input type="checkbox"/> Wood	<input type="checkbox"/> Sinks	
<input type="checkbox"/> Outhouse	<input type="checkbox"/> Piers	<input type="checkbox"/> Commodes	
		<input type="checkbox"/> Lavatories	

NUMBER OF ROOMS: _____ KIND OF HEAT TO BE USED: _____

ESTIMATED TIME FOR COMPLETION, (IN DAYS): _____ COST: _____

NAME OF CONTRACTORS: _____

IMPORTANT

ALL APPLICATIONS FOR BUILDING PERMITS MUST BE ACCOMPANIED BY A PLAN SHOWING THE ACTUAL DIMENSIONS OF LOT, THE SIZE AND LOCATIONS OF BUILDING LOCATED ON THE LOT AT THE PRESENT TIME AND THE SIZE AND LOCATION OF BUILDING TO BE ERECTED; ALSO, GIVE DISTANCE OF ALL BUILDINGS FROM ALL PROPERTY LINES AND FROM OTHER BUILDINGS. THE PLAN MUST BE ATTACHED TO THIS APPLICATION. IF APPROVED PERMIT IS BASED OFF COST.

DO WRITE IN THIS COLUMN

Date received: _____

I hereby certify that the information on and attached to this application is true and correct.

Inspector's estimate: _____

Signature of applicant

Approved: _____

Mailing Address

Rejected: _____

Reason for rejection: _____

City

State