

**City of Fredericksburg**  
**Application for Building Permit**

TDLR#: \_\_\_\_\_

Asbestos Abatement Survey: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Owner (Check if Applicable)

Phone Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Owner (Check if Applicable)

Building Permit Address: \_\_\_\_\_

Contractor Email Address: \_\_\_\_\_

**Type of Permit**

**Commercial**

Commercial -Food and/or Beverage Service  Commercial -Other: \_\_\_\_\_

**Residential**

Interior Remodeling  Building Addition  New Building  Guest House  Other: \_\_\_\_\_

**Miscellaneous**

Garage  Carport  Storage  Hobby shop  Curb/ approach  Other: \_\_\_\_\_

Fence: Material \_\_\_\_\_ : Height \_\_\_\_\_ : Length \_\_\_\_\_

Estimated Cost of Construction: \$ \_\_\_\_\_

**Construction Details**

Foundation:  Concrete Pier and Beam  Concrete Slab  Other: \_\_\_\_\_

Bearing Walls:  Wood Frame  Concrete Block  Other: \_\_\_\_\_

Roof Structure:

Unsupported Span: \_\_\_\_\_ feet

Rafter Member: \_\_\_\_\_ inches by \_\_\_\_\_ inches at \_\_\_\_\_ feet on center

Ceiling joist: \_\_\_\_\_ inches by \_\_\_\_\_ inches at \_\_\_\_\_ feet on center

**APPLICATIONS MUST BE ACCOMPANIED BY A SITE PLAN, FLOOR PLAN, and DEPARTMENTAL APPROVAL FORM.**

The undersigned certifies the information provided is complete and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Departmental Approval Form**

*If commercial building does any food and/or beverage service each department below must be contacted and signature received in order to proceed with the building permit process.*

Name of Applicant: \_\_\_\_\_  Owner (Check if Applicable)  
Phone Number: \_\_\_\_\_  
Building Permit Address: \_\_\_\_\_

<b>Gillespie County Health Division</b>	<b>Contact:</b>	<b>Kelli Olfers</b>
126 West Main		<a href="mailto:kolfers@fbgtx.org">kolfers@fbgtx.org</a>
Fredericksburg, Texas 78624		830-997-7521

The above applicant has Gillespie County Health Division approval to proceed with application at listed address.

_____	_____
Signature	Date

<b>Fire Marshal</b>	<b>Contact:</b>	<b>Kyle Koch</b>
126 West Main		<a href="mailto:kakoch@fbgtx.org">kakoch@fbgtx.org</a>
Fredericksburg, Texas 78624		830-997-7521

The above applicant has Fire Marshal approval to proceed with application at listed address.

_____	_____
Signature	Date