



Miscellaneous Application

applications@crossroadstx.gov

Date: _____

Application# _____

(Assigned by Town)

TYPE OF APPLICATION

(Please check one)

	Commercial	Residential
Remodeling		
Plumbing		
Electrical		
Mechanical		
Framing		
Other (Please Specify)		

Property Owner's Name: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Applicant Name & Business Name _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

PROJECT ADDRESS: _____

Describe work to be done: _____

Square footage to be remodeled _____

Property Owners Signature _____ Date: _____

Permit Amt. \$ _____ Ck# _____ Date Rec'd _____ Receipt # _____

Inspections Needed: _____ Total \$ _____

Total Permit Amt including Inspections: \$ _____

3201 US HWY 380, STE 105, Cross Roads, TX 76227

940-365-9693

CrossRoadsTX.gov