



**CITY OF LAVON**

P.O. Box 340 - 120 School Rd. - Lavon, TX 75166  
Office 972-843-4220 - Fax 972-843-0397 - Inspection 972-853-0855  
Email: leann.mcclendon@cityoflavon.org

**RESIDENTIAL BUILDING PERMIT APPLICATION**

Please type or print clearly. Incomplete applications will not be accepted.

**Certificate of Occupancy Application**

Fax to: 972-843-0397

Permit No. \_\_\_\_\_ Date: \_\_\_\_\_

Builder: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address to be inspected:

\_\_\_\_\_

By signing below I agree that I have acquired all of the following prior to this application:

- Obtained all required permits from City of Lavon
- Paid all fees due to the City of Lavon
- Connected to a City of Lavon approved sewer/septic system
- Have had all required inspections performed by the City of Lavon

\_\_\_\_\_  
Owner/ Agent Printed Name

\_\_\_\_\_  
Owner/Agent Signature

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**City of Lavon Use Only**

\_\_\_\_\_  
Inspectors Name

\_\_\_\_\_  
Date Inspected

Passed     Failed

Comments:

\_\_\_\_\_

\_\_\_\_\_