



CITY OF HORSESHOE BAY
1 Community Drive
P.O. Box 7765
Horseshoe Bay, Tx 78657
830-598-9959

**MULTI DEPARTMENT
DEVELOPMENT REVIEW COMMITTEE**

DEVELOPMENT SERVICES

GIS/POLICE/FIRE/ENGINEERING

FIELD/PLANT/UTILITY SERVICES

Major Development Construction Permit Checklist

Project Name: _____

Official Address: _____

General Contractor: _____

Mailing Address: _____

Ph: _____ Email: _____

Site Supervisor: _____

Ph: _____ Email: _____

Registered Design Professional/Firm in Charge of the Site:

Ph: Email:

Deposit Refundee Information:

Mailing Address:

Ph: _____ Email: _____

- Letter of Certified Opinion of Probable Cost from Design Engineer**
 - Deposit Fee = 1% Opinion of Cost \$_____**
 - Sealed Plan Set at 24" x 36" and one digital plan set submission**
 - Acknowledgement: Pre-construction meeting will be scheduled prior to construction activities: Date Requested: _____**

Acknowledgement Statement:

Any changes to the above information must be submitted to the Development Services Department in writing within 10 days.

Signature of General Contractor **Printed Name** **Date**

Signature of Property Owner **Printed Name** **Date**

For Office Use Only

For Office Use Only Date Received: _____ Check# _____

Signature _____ Printed Name _____ Date _____