

**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

Date Received: _____ Check# _____

Signature Printed Name Date