



RE-SUBMITTAL FORM

BUILDING & COMMUNITY SERVICES

DATE _____

PERMIT NO. _____

DESCRIPTION OF PROPERTY

PROJECT NAME: _____

STREET ADDRESS _____

LOT _____ BLOCK _____ SUBDIVISION _____ PHASE _____

DESCRIPTION OF RESUBMITTAL & SPECIAL INSTRUCTIONS

PERMIT APPLICANT INFORMATION

Contractor / Homeowner _____

E-Mail Address _____

Address _____

Phone / Cell # _____

City/State/Zip _____

Fax # _____

Signature of Permit Applicant

Please Print Name

401 S. ROGERS | P.O. BOX 757 | WAXAHACHIE, TX 75168 | (469)309-4020 | FAX (469)309-4023
www.waxahachie.com | EMAIL: bcservices@waxahachie.com