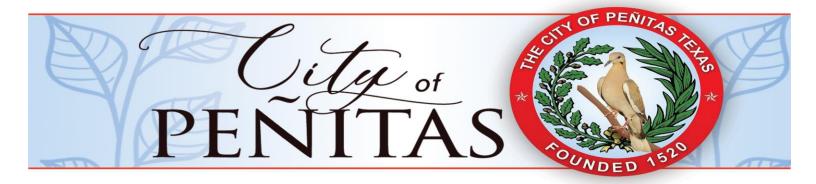


## **Business Permit Application**

Name Of Business:		
Physical Address:	Pe	enitas Tx 78576
Subdivision:	Blk:	Lot:
Name Of Property Owner :		
Address:		
Phone:		
Business Owner Name:		
Address:		
Phone:		
Type Of Business: WILL YOU REMODEL TO THE EXSISTING BUSINESS NEEDS?	S TO SATISFY YOUR N	EW OCCUPANCY
YES OR NY BUSINESS WITH A CHANGE OF OWNER OF OCCUPANCY MUS	NO	
THE CITY AND A NEW APPLICATION WILL BE REQUIRED TO D	ETERMINE IF THE BUILDIN	
SATISFY NEW OC ALL BUSSINESS MUST OBTAIN A PERMIT BY THE PRIOR TO S INSPECTIO	STARTING ANY BUSINESS A	ND MUST HAVE ANNUAL
Signature:	Date:	
Approved of	or Denied	
Code Official:	Date:	
If rejected, reason for rejection:		
P.O. Box 204   Peñitas, TX 78576   (956) 581-3345   F	ax: (956)581-3346   www.city(	DFPEÑITAS.COM

The City of Peñitas is an equal opportunity employer and provider.



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