



Permit Number

APPLICATION

ACCESSORY STRUCTURE

Requirements

Your application **will not be accepted** if any of the below items are missing or incomplete. Incomplete applications will be returned and any paid fees are nonrefundable. Applications are processed within ten business days. To check the status of a permit, please email permits@cityofkennedale.com and include the property address and permit type.

- Contractor registered with City of Kennedale – check status by emailing permits@cityofkennedale.com
- Site plan showing:
 - Location of proposed accessory structure (label distances from property lines and primary structure)
 - Dimensions of proposed accessory structure and any existing structures on lot
 - Labels indicating adjacent streets and any existing easements
- Completed, signed, **legible** application form

Applicant Information *(Serves as primary contact for this permit)*

Applicant Name: _____

Applicant Phone: _____ Applicant Email: _____

Property Owner Information

Owner Name: _____

Owner Phone: _____ Owner Email: _____

Project Information

Property Address: _____

Construction Value: _____ Who is performing the work? Owner Contractor

Type of accessory structure: Carport Patio Cover Awning/Canopy/Pergola Shed Deck

Exterior Material: _____ Roofing Material: _____

Square footage: _____ Height: _____ Scope of Work: _____

Contractor Information

Contractor Name: _____

Contractor Phone: _____ Contractor Email: _____

Electrical Contractor Information (If electrical work is being performed)

Contractor Name: _____

Contractor Company: _____

Contractor Phone: _____ Contractor Email: _____

Plumbing Contractor Information (If plumbing work is being performed)

Contractor Name: _____

Contractor Company: _____

Contractor Phone: _____ Contractor Email: _____

Applicant Agreement

By signing below, I acknowledge that I have read and completed all applicable requirements. I understand that if I have submitted an incomplete or false application, my application may be rejected and that the fee is nonrefundable.

Signature of Applicant: _____ Date: _____

| For Office Use Only | | |
|----------------------------------------------------|------------------------------|-----------------------------|
| Completeness Check | | |
| Application form completely filled and signed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attached site plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Contractor(s) registered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fee paid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sign _____ | Date _____ | |
| Planning and Zoning Review | | |
| Property zoning: _____ | | |
| Proposed structure meets material requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Proposed structure meets spatial requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will property meet allowable number of structures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will property meet allowable lot coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is proposed structure in any easements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is proposed structure in a floodzone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Notes: | | |
| Sign _____ | Date _____ | |