



PLAN REVIEW APPLICATION

City of Mansfield
 Department of Regulatory Compliance
 620 S. Wisteria Street
 Mansfield, TX 76063
 (817) 276-4221
 regulatory.compliance@mansfieldtexas.gov

Application Date: _____

Application Type:

- ___ New Establishment
- ___ Remodel
- ___ Addition

Payments can be made by **check** or **money order** to City of Mansfield, C/O: Regulatory Compliance at the above address. If you would like to pay via an **online payment link**, please contact the department at regulatory.compliance@mansfieldtexas.gov. *If you are applying for a permit renewal, a digital payment link may have already been sent to the contact information provided on your previous application, please check to ensure you have not already received it.* Permit fees must be remitted to the office **prior to or on the invoice due date**. If you do not pay by the **invoice due date**, you may be subject to late fees or at risk of your permit being denied or suspended. Non-payment after 90 days from the invoice due date will cause your permit to be denied or revoked and require a new application to be completed in whole.

GENERAL INFORMATION

BUSINESS NAME: _____

(NAME OF ESTABLISHMENT LOCATED IN MANSFIELD)

STREET ADDRESS: _____ SUITE/KIOSK: _____

(ADDRESS OF ESTABLISHMENT LOCATED IN MANSFIELD)

THE FOLLOWING INFORMATION WILL BE CONSIDERED AS THE FIRST POINT OF CONTACT REGARDING PERMIT STATUS

APPLICANT NAME: _____

APPLICANT ROLE: OWNER MANAGER OWNER AGENT CONTRACTOR

EMAIL: _____ PHONE: _____ EXT: _____

I have submitted this application for a plan review and/or permit from the City of Mansfield Regulatory Compliance Department. I verify that all of the information submitted is accurate. I understand the plan review and/or permit application fee will not be refunded, and that upon issuance the permit must be displayed in public view. I acknowledge the permit applied for is subject to revocation if the establishment fails to comply with applicable City ordinances or State laws. Permits are non-transferable and subject to a late fee when received after the due date of the invoice.

Applicant Name (Printed)

Signature

Date