



Building & Development Services
 1102 Lohmans Crossing, Lakeway, TX 78734
 Phone: (512) 314-7540 Fax: (512) 314-7541
www.lakeway-tx.gov

REEXAMINATION REQUEST

PROJECT ADDRESS: _____

PRE-ISSUANCE

POST-ISSUANCE

PROJECT NUMBER: _____

APPLICANT:	TELEPHONE:	E-MAIL	
MAILING ADDRESS:	CITY:	STATE	ZIP CODE

PLEASE USE THE SPACE BELOW TO FURTHER DESCRIBE THE CONTENT OF YOUR REQUEST:

(FOR CITY USE ONLY)

<p>SUBMITTAL VERIFICATION/INSPECTION AUTHORIZATION:</p> <p>I, as owner of the property hereinafter referenced, do hereby execute this document, and acknowledge the above statements to be true and accurate to the best of knowledge. I have received, read and understand the terms and conditions of this request, and agree to compliance with all applicable codes and ordinances of the City. I further understand that City Staff review time may take up to five (5) business days per review.</p> <p>I understand that my contractor or subcontractor(s) identified below will schedule inspections on my behalf permitting city inspectors to enter my property to conduct the necessary inspections as scheduled.</p> <p>I authorize my duly authorized agent to coordinate with the City and its representatives to enter the property at reasonable times for the purposes of inspecting and monitoring the project according to the adopted codes of the City. This authorized agent is hereby given authority from me to consent to City inspections on my behalf.</p>	<p>AMOUNT RECEIVED:</p> <hr/> <p>NOTES:</p> <div style="text-align: center; border: 1px dashed black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto;"></div>
<p>OWNER'S SIGNATURE _____ DATE _____</p>	
<p>PRINTED NAME OF OWNER _____</p>	
<p>PRINTED NAME OF GENERAL CONTRACTOR, SUBCONTRACTOR, OR OTHER AUTHORIZED AGENTS OF OWNER _____</p>	



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(ADDITIONAL SPACE AS NEEDED FOR AUTHORIZED AGENTS OF THE OWNER)

ADDRESS OF PROPERTY:

PRINTED NAME OF GENERAL CONTRACTOR, SUBCONTRACTOR, OR OTHER AUTHORIZED AGENTS OF OWNER

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