



City of Palmhurst, Texas



APPLICATION FOR SUB-CONTRACTOR PERMIT

SUBMIT THE COMPLETED FORM WITH ANY RISER/LOAD CALCULATIONS & SITE PLANS/SPECS. DESIGN SEAL IF APPLICABLE.

- | | | |
|---|---|---|
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Plumber | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Liquid Propane Gas | <input type="checkbox"/> Septic Installer | <input type="checkbox"/> Fire Sprinkler |

HOME OWNER'S NAME: LAST FIRST:

ADDRESS:

WORK: CELL: FAX:

CONTRACTOR BUSINESS:

ADDRESS:

WORK: CELL: FAX:

LICENSE NUMBER: TYPE:

STATE: ISSUING AUTHORITY: EXP DATE: / /

CONSTRUCTION ADDRESS:

SUBDIVISION: PHASE/BLOCK: LOT:

PROPOSED IMPROVEMENT:

The foregoing is a true and correct description of the improvements contemplated by the undersigned applicant, and the applicant states that he/she will have full authority over the installation mentioned above, and hereby agrees to comply with all ordinances of the City of Palmhurst and applicable State Laws governing your prospective trade, and assumes all responsibility for such compliance. I also understand that the permit shall only be valid for a period of one year from the date of issuance, and shall be the responsibility of the undersigned to renew any and all applicable permits in order to resume the installation.

Printed name of owner or authorized agent: _____

Signature of owner or authorized agent: _____ Date: _____

FOR OFFICIAL USE ONLY

RECEIVED BY: DATE:

BUILDING OFFICIAL: DATE:

CITY MANAGER: DATE:

COMMENTS: