

TRADE PERMIT

ELECTRICAL, PLUMBING & MECHANICAL PERMIT APPLICATION	Permit No. _____ _____
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Type of Work:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Replace	Application Date ____/____/____	Estimated Value of Work (Labor & Materials): \$ _____
Applicant Name: _____	Phone: _____	Email: _____	

PROJECT INFORMATION

Job Site Address: _____	Subdivision Name: _____ Lot Number: _____		
Property Owner Information: _____			
Name	Phone #		
Address	City	State	Zip Code
Existing Building? <input type="checkbox"/> Yes <input type="checkbox"/> No		Building Permit #: _____	
Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family			Number of Units: _____
Scope of Work: <input type="checkbox"/> Amps _____ <input type="checkbox"/> Fixtures _____ <input type="checkbox"/> BTUs _____ (Total)			
_____ _____ _____			

CONTRACTOR INFORMATION

Business Name: _____	State Certification #: _____		

Address	City	State	Zip Code
Occupational Tax #: _____		City/County Held: _____	

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor (State Certification Number)

Date

Print Name of Contractor

Email Address

Applicant **MUST** attach a copy of

- Driver's License
- State Certification Card
- Business License (Occupation Tax License)

FOR OFFICE USE ONLY	Application Accepted by: _____		
Permit Fee: \$ _____	Total Fee: \$ _____		

