

TRADE PERMIT

ELECTRICAL, PLUMBING & MECHANICAL PERMIT APPLICATION		Permit No. _____	
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: \$ _____