PO Drawer 400 ● 2665 San Angelo ● Ingleside, TX. 78362
Phone: 361-776-3815 - building@inglesidetx.gov

UTLITIES PERMIT

Class of Work:New ( )/Repair ( )

Building Site Address:_____ **Permit #:** _____

Valuation: $_____

OWNER: Name:_____ Phone #: _____

Address: _____
(Number & Street) (City) (State) (Zip)

CONTRACTOR: Name:_____ Phone #: _____

Address: _____
(Number & Street) (City) (State) (Zip)

ENGINEER: Name:_____ Phone #: _____

Address: _____
(Number & Street) (City) (State) (Zip)

ARCHITECT OR DESIGNER: Name: _____ Phone #: _____

Address: _____
(Number & Street) (City) (State) (Zip)

Describe Work: _____

_____

All documents are REQUIRED to be uploaded to CivicGov or submitted electronically for review to the Building Department for your project to be considered: building@inglesidetx.gov

____ Full size detailed utility plans, including road cut and/or bore details
____Survey, if deemed necessary

Signature: _____

Zone:_____ Reviewed By:_____ Date: _____