City of Sinton

Electrical /Plumbing /Mechanical Permit

JOB ADDRESS _____

OWNER _____ OWNER'S ADDRESS _____

ELECTRICIAN/PLUMBER _____ LICENSE NO. _____

ADDRESS _____ PHONE: _____

BOND IN FORCE _____ EXPIRES _____

TOTAL VALUATION OF ELECTRICAL WORK: _____ TOTAL FEES: _____

TOTAL VALUATION OF PLUMBING WORK: _____ TOTAL FEES: _____

TOTAL VALUATION OF MECHANICAL WORK _____ TOTAL FEES: _____

RECEIVED OF _____ LICENSED ELECTRICIAN/PLUMBER/MECHANIC

THE SUM OF _____ **DOLLARS.**

PERMIT CLERK _____ **DATE:** _____, 20_____.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND WILL PRODUCE A DETAILED BILL OF MATERIALS ON DEMAND OF THE CITY INSPECTOR. I FURTHER SWEAR THAT I WILL COMPLY WITH ALL PROVISIONS OF THE ELECTRICAL CODE AND PLUMBING CODE OF THE CITY OF SINTON.

_____ _____

LICENSED ELECTRICIAN OR PLUMBER OR MECHANIC **AUTHORIZED AGENT**