Date: _____

Permit #: _____

Permit Exp: _____

(this box to be completed by clerk)

SUBCONTRACTOR PERMIT APPLICATION

☐ **ELECTRICAL** ☐ **MECHANICAL** ☐ **PLUMBING**

Job Address: _____

Property Owner: _____

Contractor: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

☐ **COMMERCIAL** ☐ **RESIDENTIAL**

Description of Work _____

_____

_____

_____

Total Square Footage: _____ Estimated Valuation of Project: _____

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or the duly authorized agent.

Permission is hereby granted to enter the premises and make all inspections.

Applicant Signature: _____ **Date:** _____

○ I am aware that a re-inspection fee shall apply for a no show or a red tag.

For Office Use Only:

Permit Fee: _____ Plan Review Fee: _____ Total Fee Due: _____

Building Department Notes: _____

_____

_____

_____

Date Approved _____ Date Issued: _____ Init: _____ Total Paid: _____

5705 Azle Avenue / Sansom Park / TX / 76114 / 817-626-3791 / 817-625-4344 fax