GARLAND

800 Main Street, Garland, Texas 75040
Phone 972-205-2300
Email: Permitsgroup@GarlandTx.gov

Validation Form

Permit #: _____ Date: _____

Contractor: ❑ Reg ❑ Not Reg ❑ Lic exp

❒ **Commercial** ❒ **Residential**

❒ Electrical
❒ Mechanical
❒ Plumbing
❒ Other _____

Permit # or Job Address: _____

Scope of Work: _____

General Contractor:

Name of applicant _____ Phone _____

Email _____

Sub***Contractor***

Company Name _____ Phone _____

Address _____ City _____ State _____ Zip_____

E-mail _____

I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances, and regulations.

Print Name _____

Signature _____ Date _____