

Phone: 817-489-2201

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Trade Permits (Electrical, Mechanical, Plumbing) Building Permit Number: _____ ☐ Plumbing **Project Description:** ☐ Mechanical □ Electrical Applicants Name: Contact Number: _____ Email: Home Owners Name (if different) Total Valuation: Project Address: Zoning: Detailed Description of Work: _____ Will this project include (Check all that apply): Plumbing ☐ Mechanical ☐ Electrical Contractor Information: Company:_______ Contact Person: _____ Phone Number: Email: Mechanical Contractor: Contact Person: Phone Number/Email: **Contractor License Number: Electrical Contractor:** Contact Person: Phone Number/Email: **Contractor License Number:** Phone Number/Email: Plumbing/Irrigator: Contact Person: **Contractor License Number:** Application becomes null and void if all information is not provided within 30 days. If no inspection is made within 90 days of issuance the permit will expire. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection. 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 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 Applicant:_____ Date: _____ Property Owner's Signature: (If not applicant) Office Use Only Total Fees: ______ Payment Date: _____ Payment Type: _____ Receipt # _____ By: ____

Date Sent to PR: ______ Received from PR: ______ BV Project #: _____

Approved By: ______ Permit Issued on: _____