



Development Services
 P.O. Box 369 (Mailing)
 303 E. Pecan St. (Physical)
 Johnson City, Texas 78636
 (830) 868-7111, Ext. 4
 (830) 868-7718 (Fax)

Application Date: _____

APPLICATION FOR: (Check One)

- Electrical Permit
- Mechanical Permit
- Plumbing Permit

CHAPTER 3

Job Site Address: _____

Property Owner's Name: _____

Phone Number: _____

Contractor's Name & Master License #: _____

Attach copies of the following: Licensee's Drivers License, State Master License, and Certificate of Insurance.

Contractor's Address: _____

Contractor's Phone No.: _____

Contractor's Fax No.: _____

Contractor's E-Mail Address: _____

Proposed Construction Valuation (if commercial): _____

General Description of Proposed Work: _____

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 HEREIN 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.

 Applicant's Signature

 Applicant's Name (Printed)

NOTE: A separate permit is required for gas-related installations and will only be issued to a State licensed master plumber.

<p><u>Office Use Only:</u></p>
