

# Planning & Zoning

304 W Veterans Blvd  
Palmview, Texas 78572  
956-432-0300 ext 3



PERMIT FEE: \_\_\_\_\_

## Subcontractor Application

INCODE PERMIT # \_\_\_\_\_

Electrical Subcontractor Information			
<input type="checkbox"/> Commercial or <input type="checkbox"/> Residential		Master Permit #:	
<input type="checkbox"/> New Construction		<input type="checkbox"/> Repairs	<input type="checkbox"/> Demolition
State Electrical License:			
City of Palmview Registration #:			
Company Name:			
Contractor Name:			
Email:		Phone Number:	
Property Address:			
Meter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meter Size:	Number of Circuits:
Temporary Pole:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Working Clearance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Provider:		Account Holder Name:	
American Electric Power (A.E.P.) ESID #:			
Magic Valley Account #:			
Project Description: _____ _____			
Signature of applicant:			Date:
Mechanical Subcontractor Information			
<input type="checkbox"/> Commercial or <input type="checkbox"/> Residential		Master Permit #:	
<input type="checkbox"/> New Construction		<input type="checkbox"/> Repairs	<input type="checkbox"/> Demolition
State Mechanical License:			
City of Palmview Registration #:			
Company Name:			
Contractor Name:			
Email:		Phone Number:	
Property Address:			
Tons (New Installation or Repairs):			
Total Kw's:		Valuation:	
Project Description: _____ _____			
Signature of applicant:			Date:
Plumbing - Irrigation - Gas on the reverse side			
Note: City of Palmview departments or staff are not liable for loss, damage, cost, or expenses incurred as a result of product workmanship, services rendered, omissions or breach of agreement by the Electrical, Mechanical, Plumbing, or Gas Subcontractor.			

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Plumbing / Irrigation Subcontractor Information			
<input type="checkbox"/> Commercial or <input type="checkbox"/> Residential		Master Permit #:	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Repairs	<input type="checkbox"/> Demolition	<input type="checkbox"/> Irrigation
State Master Plumber License:			
State Landscape Irrigator License:			
City of Palmview Registration #:			
Company Name:			
Contractor Name:			
Email:		Phone Number:	
Property Address:			
Water Line: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sewer: <input type="checkbox"/> Yes <input type="checkbox"/> No Septic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of fixtures:		Number of Water Heaters:	Number of Grease/Grit traps:
Project Description: _____ _____			
Signature of applicant:			Date:
Gas Subcontractor Information			
<input type="checkbox"/> Commercial or <input type="checkbox"/> Residential		Master Permit #:	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Repairs	<input type="checkbox"/> Demolition	
State Master Plumber License:			
City of Palmview Registration #:			
Company Name:			
Contractor Name:			
Email:		Phone Number:	
Property Address:			
Number of BTU's:		Fuel Type: <input type="checkbox"/> Propane <input type="checkbox"/> Natural	
Project Description: _____ _____			
Signature of applicant:			Date:
Mechanical & Electrical on the reverse			
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