



TRADE SPECIFIC PERMIT

Residential_____

Commercial_____

PROPERTY INFORMATION	
Property Address:	
Property Owner:	
Property Use:	

Type of Installation: New Remodel Repair Addition

CONTRACTOR INFORMATION	
Name:	License #:
Address:	Email:
City/State:	Zip: Phone #:

PLEASE CHECK ONE		
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL
<u>DESCRIPTION OF WORK:</u>		

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 the construction or the performance of construction

_____ AUTHORIZED SIGNATURE Date