MISCELLANEOUS PERMIT APPLICATION

PERMIT NO: _____

CONTRACTOR/BUILDER _____

ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

PROPERTY OWNER _____

ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

ELECTRICAL PLUMBING MECHANICAL (Please circle one)

EXPLAIN SCOPE OF WORK: _____

COST OF CONSTRUCTION: $_____

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT.

SIGNATURE OF AGENT _____

AGENTS ADDRESS _____

CITY CLERK: _____ _____ DATE

BUILDING INSPECTOR: _____ _____ DATE

CITY ADMINISTRATOR: _____ _____ DATE

SUPERINTENDANT OF PUBLIC WORKS: _____ _____ DATE

Revised 09/15/17