



MISCELLANEOUS TRADE PERMIT APPLICATION COMMUNITY SERVICES

OFFICE PHONE – 972/744-4180 • INSPECTION REQUEST – 972/744-4181 FAX – 972/744-5802

(COMPLETE THIS APPLICATION WHEN THE WORK IS NOT ASSOCIATED WITH A BUILDING PERMIT)

PROJECT ADDRESS						COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/>
OWNER OF PROPERTY	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #	
COMPANY NAME	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #	
MASTER ELECTRICIAN'S NAME				LICENSE NUMBER		
MASTER PLUMBER'S OR IRRIGATOR'S OR HVAC LICENSE HOLDER NAME				STATE LICENSE NUMBER		
HVAC MECHANICAL CONTRACTOR NAME				STATE LICENSE NUMBER		
APPLICANT'S NAME (PLEASE PRINT)				COMPANY TITLE		
APPLICANT'S SIGNATURE:						
EMAIL ADDRESS:						

ELECTRICAL
(CHECK ONE) TEMPORARY POLE <input type="checkbox"/> SIGNS <input type="checkbox"/> MISC. OUTLETS <input type="checkbox"/> MISC. MOTORS <input type="checkbox"/>
OTHER <input type="checkbox"/> (DESCRIPTION) _____
SERVICE EQUIPMENT (SPECIFY) _____
ELECTRICAL APPLIANCE (SPECIFY) _____

MECHANICAL
(CHECK ONE) CONDENSER REPLACEMENT <input type="checkbox"/> FURNACE REPLACEMENT <input type="checkbox"/>
OTHER <input type="checkbox"/> (DESCRIPTION) _____

PLUMBING / GAS
(CHECK ONE) GAS WATER HEATER <input type="checkbox"/> ELECTRIC WATER HEATER <input type="checkbox"/> SEWER RELAY <input type="checkbox"/> SEWER REPLACEMENT <input type="checkbox"/> GAS RELAY <input type="checkbox"/>
GAS REPLACEMENT <input type="checkbox"/> LAWN SPRINKLER <input type="checkbox"/> OTHER <input type="checkbox"/> (DESCRIPTION) _____

APPLICATION / PERMIT TYPE: _____ / _____	DATE CHECKED _____	CHECKED BY _____
APPLICATION # _____		
DATE	AMOUNT \$	RECEIPT #
		CASH / CK #
		BY