



OFFICE PHONE - 972/744	-4180 • INSPECTION REC	30F21 - 8	9/2//44-4	181 • F	AX - 972/744-5802
PROJECT ADDRESS					
OWNER OF PROPERTY	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #
OWNER OF PROPERTY EMAIL ADDRE	SS				
CONTRACTOR	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #
	BLDG.	_	R FINISH 🗌	INTERIOR	REMODEL 🗌
THIS PERMIT INCLUDES THE FOLLOW	/ING: PLUMBING ☐ ELECTRICAL	☐ HVAC ☐			
☐ I ACKNOWLEDGE BEING INFORM IMPROVEMENTS AUTHORIZED B	ED OF THE HOME IMPROVEMENT Y THIS PERMIT MAY QUALIFY FOR	-		D UNDERS	TAND THAT THE
DESCRIBE THE SPECIFIC USE OF THI	S ADDRESS:				
FLOOR SPACE IN LIVING/BUSINESS A		SPACE IN G	ARAGE OR V	VAREHOUS	E SQ. FT.
TOTAL ENCLOSED AREA	SQ. FT.				
TOTAL VALUE OF WORK INCLUDED IN (ALL LABOR, MATERIALS, PLUMBING,	D				
THE GRANTING OF A PERMIT DOES N LOCAL LAW REGULATING CONSTRUC IS NOT COMMENCED, IS SUSPENDED A 6 MONTH PERIOD. ALL PERMITS RE THIS TYPE OF WORK WHETHER HERE APPLICATION AND KNOW THE SAME	TION. THIS PERMIT BECOMES NU OR ABANDONED AFTER WORK IS EQUIRE FINAL INSPECTIONS. I AGE EIN SPECIFIED OR NOT AND HEREI	LL AND VOID COMMENCE REE TO ABID	IF THE AUTH D, OR IF NO II E BY ALL LAV	IORIZED W NSPECTION VS AND OR	ORK OR CONSTRUCTION NS ARE OBTAINED WITHIN DINANCES GOVERNING
(PLEASE PRINT) APPLICANT'S NAME	COMPANY TITLE				
COMPANY	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #
APPLICANT'S SIGNATURE:					
CONTRACTOR'S SIGNATURE:					
APPLICANT EMAIL ADDRESS:					
ZONING APPLICATIO	ON TYPE CONST	-	•		ROUP
# OF APT. UNITS DATE C	HECKED CHECKE	D BY	APPL	LICATION #	
B E P HVAC C/O	L □ N/C PERMIT □				
DATE AMOUNTS	RECEIPT #	C	ASH/CK#		ВУ