



## UTILITIES INSPECTION APPLICATION COMMUNITY SERVICES

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

| LOCATION:   |           |      |             |     |         |
|---|-----------|------|-------------|-----|---------|
|   |           |      |             |     |         |
| APPLICATION IS HEREBY MADE FOR INSPECTION FOR RELEASE OF GAS AND ELECTRIC UTILITIES FOR THE ABOVE PREMISES. I UNDERSTAND THAT THE APPROVAL OF THIS PERMIT WILL NOT AUTHORIZE THE USE OF THIS ADDRESS FOR OCCUPANCY AND THAT SEPARATE APPLICATION AND APPROVAL FOR A CERTIFICATE OF OCCUPANCY SHALL BE REQUIRED. |           |      |             |     |         |
| OWNER OF PROPERTY STREET ADDRES   | 3S        | CITY | STATE       | ZIP | PHONE # |
| BILLING NAME  |           |      |             |     |         |
| APPLICANT'S NAME (PLEASE PRINT) COMPANY TITLE   |           |      |             | TLE |         |
| HOME ADDRESS  |           | CITY | STATE       | ZIP | PHONE # |
| SIGNATURE OF APPLICANT TODAY'S DATE   |           |      |             |     | Ē       |
| EMAIL ADDRESS:  |           |      |             |     |         |
| Application Approval  |           |      |             |     |         |
| Inspection Appointment Date   | Time      |      |             |     |         |
| Application #   |           |      |             |     |         |
| Application Approved By:  |           |      | Date        |     |         |
| Special Notes:  |           |      |             |     |         |
| Date Amount \$  | Receipt # | C    | Cash / Ck # |     | Ву      |