JOB ADDRESS			
OWNER	ADDRESS		PHONE
OWNER	ADDRESS		THONE
EMAIL ADDRESS			
CONTRACTOR	ADDRESS		PHONE
EMAIL ADDDESS			
EMAIL ADDRESS			
DESCRIBE WORK TO BE DONE			
() ELECTIC SERVICE AMP () WIRING# OF OUTLETS () SOLAR – SEND PLANS WITH APPLICATION			
(),2226116321(16211111 (),11211		()502.11 52.13 12.11.5 11.1	
() WATER SERVICE () SEWER SERVICE () # OF TRAPS () WATER HEATER # OF U NITS			
() FURNACE# OF UNITS () AIR CONDITIONING# OF UNITS			
OTHER – BE SPECIFIC			
NOTICE			
This permit becomes null and void after 18	0 days of inactivity a	and may only be renewed by	v reapplication
I hereby certify that I have read and examined this application and attachments 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 this type of work. WE REQUIRE A COPY OF YOUR MASTER A ELECTRICAL LICENSE.			
regulating this type of work. WE REQUIR	LACOLI OF TOO	JK WASTEK A ELLCTRIC	SAL LICENSE.
Signature of Applicant	(Date)	PERMIT #	FEE