DATE:							
APPLICATION TYPE							
PERMIT (	VALIDATION (						
VALIDATE PERMIT NO:							



PERMIT NO: (OFFICE USE ONLY)

CO NO: (OFFICE USE ONLY)

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STREET ADDRESS O	F PROPOSED PROJEC	CT		SUITE/E	BLDG/FLOOR NO	USE OF	PROPERTY			
OWNER/TENANT		IADD.	RESS			ICITY		STATE	ZIP CODE	
			1200							
DBA (IF APPLICABLE)	)					E-MAIL ADDF	RESS (MAY E	BE USED FOR OFF	ICIAL COMMUNICATION)	
APPLICANT			CONTR NO		COMPANY NAME					
ADDRESS			CITY		STATE		ZIP CODE	PHONE NO	FAX NO	
DESCRIPTION OF PR	OPOSED PROJECT								JOB VALUATION (\$)	
	ATE ALL TYPES	OF WORK THAT	WILL BE PAR	RT OF THIS I	PERMIT BY CH	ECKING TH	E	FOR FAX C	USTOMERS ONLY	
APPROPRIATE	BOX.						NOT	E: SEND BY FAX	ONLY. DO NOT SEND BY EMAIL.	
☐ BUILDING ☐ PLUMBING ☐ BARRICAD						CREDIT CARD TYPE				
ELECTRIC		BACKFLOW			E APPROACH					
│	CAL _	LAWN SPRIN	KLER	OTHE	≣R: 		_			
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		<b>IMPORT</b>	<b>ANT N</b>	OTE						
THIS AP	PLICATION				FICE USE	ONLY.	CUSTO	MER NUMBER		
I I	DO NOT SI			_		_	EXPIRA	TION DATE	BILLING ZIP CODE	
IF A PERMIT IS ISSU SPECIFIED OR NOT. TO ENTER PREMISE	READ THE COMPLETE IED ALL PROVISIONS ( . I AM THE OWNER OF S AND MAKE ALL INS CATION CONCERNING	OF THE CITY ORDINA THE PROPERTY OF PECTIONS. I ALSO	NCES AND STATE THE DULY AUTH AFFIRM THAT THE	LAWS WILL BE ORIZED AGENT	COMPLIED WITH W PERMISSION IS HE	HETHER HERE EREBY GRANT	AT EIN ED	ANT SIGNATURE		
			F	OR OFFIC	E USE ONLY	•				
BLOCK	LOT	BASE ZONING	LAND USI	E	OWN HOMES	STEAD AFFIDA	/IT REMAR	KS		
CONSTR TYPE	OCCUPANCY	HISTORIC	OCCUPANT L	DCCUPANT LOAD NSO		NAME				
DEED RES	STRICTION	PDD		SUP		BDA				
TRADE	CHECKED	DATE		CC	OMMENTS			FEE	CALCULATIONS (\$)	
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MECHANICAL										
BACKFLOW								OTHER FEES		
LAWN SPRINKLER								OTHER FEES	;	
DRIVE APPROACH								TOTAL FEES		
BARRICADE								\$		
OTHER:										
Phone: 214-670-7278 Pho			ne: 214-671	e: 214-671-0720 Pr			ct Offic -8160 3102	Pho	SOUTHWEST District Office Phone: 214-948-4384 Fax: 214-948-4204	