



UTILITIES PERMIT

DATE: _____

PROJECT ADDRESS: _____ ZONING: _____

PROJECT DESCRIPTION: _____

PROPERTY OWNER: _____ PHONE: _____

APPLICANT: _____ PHONE: _____

ADDRESS: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ ST: _____

PHONE: _____ FAX: _____ EMAIL: _____

PLUMBING: _____ PHONE: _____ ST. LIC # _____

HVAC: _____ PHONE: _____ ST. LIC # _____

ELECTRICAL: _____ PHONE: _____ ST. LIC # _____

AN ADDITIONAL CHARGE WILL BE ASSESSED FOR ALL RE-INSPECTIONS

SITE PLAN ATTACHED: ___ YES ___ NO CONSTRUCTION PLANS ATTACHED: ___ YES ___ NO

NOTICE TO APPLICANT: This permit becomes null and void if work or construction authorized is not connected within 180 days; or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I have carefully read the complete application and know the same is true and correct. I understand the ordinances governing the construction activity described in this application, and agree to comply with all provisions of the city ordinances, State laws, all property restrictions, whether herein specified or not. As the owner of the above property or a duly authorized agent, I hereby grant permission to enter the premises and make all necessary inspections. Permit may be declared void if issued in error.

APPLICANT SIGNATURE: _____

DATE OF BIRTH: _____ DL # _____ ST.: _____

PERMIT FEE: (Res.) _____ FEES: \$100.00 (each trade) _____ CASH _____ CHECK _____

PERMIT FEE: (Com.) _____ FEES: \$150.00 (each trade) _____ CASH _____ CHECK _____

APPROVED: _____ RECEIVED BY _____

Address: CITY OF EMORY, 399 N TEXAS ST. or PO BOX 100 EMORY TX 75440