

FEEs DOUBLE IF WORK IS PERFORMED WITHOUT PERMIT BEING ISSUED



NON - TRANSFERABLE
NO REFUNDS
EXPIRES IN 180 DAYS

Permits and Inspections Department

UTILITY CONTRACTOR APPLICATION

TYPE OF UTILITY:

_____ Electric _____ Gas _____ Cable _____ Telephone

MUST PROVIDE THE FOLLOWING:

1. Valid Texas Drivers License.
2. Contractor needs to submit drawings, plans or description of work being performed
3. Need a copy of Insurance
4. Need contact information for daims for damages. Who will be the responsible party for any damages? Do you have a claims department?

LINE LOCATES FOR WATER & SEWER:

_____ Approval of Water Superintendent _____ Initials _____ Date

_____ Approval of Sewer Superintendent _____ Initials _____ Date

_____ Approval of Storm Sewer _____ Initials _____ Date

LOCATION(S) OF DIGGING OR BORING:

Address 1 _____

Address 2 _____

Address 3 _____

LINEAR FOOTAGE BEING CONSTRUCTED FOR THIS PROJECT.

NOTE: HIGHLIGHT ON MAP DETAILS OF FULL PROJECT.

SUB-CONTRACTOR INFORMATION:

Company Name: _____

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax Phone: _____

Contact Person: _____ Cell Phone: _____

UTILITY COMPANY INFORMATION:

Company Name: _____

Contact Person: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax Phone: _____

I HEREBY ACCEPT ALL CONDITIONS MENTIONED ABOVE, AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE. APPLICANT ACKNOWLEDGES THAT SIGNATURES TRANSMITTED ELECTRONICALLY OR BY FACSIMILE TRANSMISSION HAVE THE SAME LEGAL EFFECT AS ORIGINALS.

APPLICANT'S SIGNATURE

APPLICANT'S PRINTED NAME

DATE SIGNED