

ELECTRICAL PERMIT

Jurisdiction of: CITY OF BROOKSHIRE

Applicant to complete numbered spaces only.

* 1 JOB ADDRESS

* 1 LEGAL DESCR. LOT NO. BLK TRACT SEE ATTACHED SHEET

* 2 OWNER MAIL ADDRESS ZIP PHONE

* 3 CONTRACTOR MAIL ADDRESS PHONE REGISTRATION NO.

4 ARCHITECT OR DESIGNER MAIL ADDRESS PHONE REGISTRATION NO.

5 ENGINEER MAIL ADDRESS PHONE REGISTRATION NO.

6 LENDER MAIL ADDRESS BRANCH

* 7 USE OF BUILDING

* 8 Class of work: NEW ADDITION ALTERATION REPAIR

* 9 Describe work:

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY: PLANS CHECKED BY: APPROVED FOR ISSUANCE BY:

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION 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 CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

| | | PERMIT FEES | | |
|---------------------------------|--|-------------|------|-----|
| | | No. | Each | Fee |
| RECEPTACLE | Total Outlets | | | |
| LIGHT | | | | |
| SWITCH | | | | |
| LIGHTING | Total Fixtures | | | |
| FIXTURES | | | | |
| RANGES | CLO. DRYER | WTR. HTR. | | |
| GARBAGE DISP. | STA. COOK TOP | | | |
| DISH. WASH. | CLOTHES WASH. | | | |
| SPACE HTR. | STA. APPL. 1/2 H.P. MAX. | | | |
| MOTORS: | H.P. | | | |
| SIGNS | NO. TRANS. | | | |
| | NO. LAMPS | | | |
| TEMP. POWER | <input type="checkbox"/> POLE <input type="checkbox"/> UNDOGD. | | | |
| SERVICE | 0-200A | | | |
| | 201-400A | | | |
| <input type="checkbox"/> NEW | 401-600A | | | |
| <input type="checkbox"/> CHANGE | OVER 600A | | | |
| PERMIT ISSUING FEE | | | \$ | |
| TOTAL FEE | | | | \$ |

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK _____ M.O. CASH PERMIT VALIDATION CK# _____ M.O. CASH

City of Brookshire

P.O. BOX 160*BROOKSHIRE, TEXAS 77423* (281) 375-5050

APPLICATION FOR ELECTRICAL LICENSE

.....
DATE APPLIED: _____

BUSINESS: _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE: _____

NAME: _____

RESIDENTIAL ADDRESS: _____

CITY _____ STATE _____ ZIP _____

RES./ CELL PHONE #: _____

.....
TYPE OF LICENSE: LICENSE FEE: LICENSE #:

MASTER 100.00 _____

JOURNEYMAN 50.00 _____

APPRENTICE 50.00 _____

MAINTENANCE 50.00 _____

APPLICANT'S NAME (PLEASE PRINT): _____

SIGNATURE OF APPLICANT: _____

.....
APPROVED: _____ RECEIPT #: _____

EXPIRATION DATE: _____ NEW/RENEWAL: _____

COMMENTS: _____