



TRADE PERMIT APPLICATION

Commercial Residential

Property Owner: _____ Permit #: _____
STRAP #: _____ Lot #: _____ Block: _____ Unit #: _____
Job Address: _____ Subdivision: _____
Directions to job: _____

Contractor Business Name/Applicant Name: _____
License #: _____ Phone #: _____
Email Address: _____
Estimated Job Value: \$ _____
Job Description: _____
Are you using Private Provider services for Plan Review? Yes No Inspections? Yes No

CHECK INFORMATION THAT APPLIES

Mechanical HVAC

Replacement New system, if for a Mobile Home list the permit # _____
 Package Unit Pool Heat Pump (1) (2) (3) (4)
 Interior Cooler; # of Compressors _____ Air Handler Only Seer: _____
 Exterior Walk-in Cooler Condenser Only KW: _____
 Split System Duct Work Only Tons: _____

SOLAR Complete a roof affidavit.

Pool Heater Water Heater Pool & Water Heater Photovoltaic System, provide KW's _____

ELECTRIC

AMPS: _____ Volts: _____ Relocate Upgrade Set Ped, if a gang service # of services _____

PLUMBING Sq. Ft. of Ground Area: _____ SEWER Copy of paid tap receipt is required.

IRRIGATION From Lake From Well – Well permit # required: _____

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. THE PERMIT IS VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT THE PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS.

I hereby certify that to the best of my knowledge, the information submitted for this permit is true and correct, and complies with Deed of Restrictions.

Signature Authorization: _____ Date: _____
Print Name (required for hand signatures only): _____