

Comments:

Received:	
Paid:	

Sign Permit Application

Company:		Phone:	
Contact:			
Electrician:		License: #	
Address:			
Property Owner:			
Address:			
Email:			
Type of Improvement:		Value: \$	
	lain Zone: Yes / No	Elevation Required: Yes / No	
Zoning:		Location of power lines:	
Lot Size:		Street Frontage:	
**Call City Inspector at 254-	223-4376 for inspection	ion. All work within the City must be inspected.	
Final inspection only on repa	air or replacement wor	rk. All inspections as noted on new construction.**	
Applicant Signature:		Date:	
Issued By:		Date:	
City Fee: \$	Permit: #	Receipt: #	
	I	inspection	
Date: Approved By:			