



SUBCONTRACTOR PERMIT APPLICATION

CITY OF GARLAND
 P.O. BOX 469002, 800 MAIN STREET
 GARLAND, TX 75040-6299
 OFFICE (972) 205-2300 FAX (972)-205-2839
 INSPECTION REQUEST: (972) 205-2325
<http://www.ci.garland.tx.us>

PERMIT# _____

PLEASE POST THIS PERMIT AT JOB SITE

PLEASE PRINT FIRMLY – FILL IN ALL BLANKS

CONSTRUCTION ADDRESS			
BUILDING OWNER		PHONE	
MAILING ADDRESS	CITY	STATE	ZIP
SUBCONTRACTOR		PHONE	
ANY ACTIVE CONSTRUCTION AT THIS SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL			

ELECTRICAL
<input type="checkbox"/> METER BASE REPAIR <input type="checkbox"/> SERVICE REPAIR <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> UPGRADE SERVICE OTHER: _____ _____ _____ _____ _____

PLUMBING
<input type="checkbox"/> NEW GAS SERVICE <input type="checkbox"/> GAS RELAY/REPAIR <input type="checkbox"/> GAS TEST <input type="checkbox"/> SEWER RELAY <input type="checkbox"/> UNDER SLAB REPAIR <input type="checkbox"/> SPRINKLER SYSTEM <input type="checkbox"/> WATER RELAY <input type="checkbox"/> WATER HEATER REPLACEMENT OTHER: _____ _____

MECHANICAL
<input type="checkbox"/> DUCT WORK <input type="checkbox"/> HVAC UNIT REPLACEMENT OTHER: _____ _____ _____ _____ _____ _____

NOTICE TO APPLICANT This permit is issued on the basis of information furnished in this application, and is subject to the provisions and requirements of the City of Garland Code of Ordinances and any other applicable ordinances. The permit holder is required to be a sub licensed and registered by the City of Garland or the homeowner that occupies the home.

APPLICANT IS:	PRINT NAME _____
<input type="checkbox"/> HOMEOWNER	SIGNATURE _____ DATE _____
<input type="checkbox"/> SUBCONTRACTOR	DL# _____ EXP. DATE _____ D.O.B. _____

↓ **OFFICE USE ONLY** ↓

PERMIT FEE	DATE	APPROVED BY
CHECK NO. CASH	RECEIPT NO.	CONTRACTOR NO.