



Permit Number: _____

ELECTRICAL PERMIT APPLICATION

Date: ____/____/____

ADDRESS OF JOB

PROPERTY OWNER/TENANT

DESCRIPTION OF JOB

OWNER/TENANT PHONE #

SCOPE OF WORK:

FLAT FEE \$100.00

ELECTRICAL MATERIAL USED WILL BE OF THE "APPROVED" TYPE AND ALL ELECTRICAL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE CITY ORDINANCES REGULATING ELECTRICAL CONSTRUCTION IN THE CITY OF VALLEY VIEW. NO ALTERATIONS OR ADDITIONS SHALL BE MADE IN THE ELECTRICAL SYSTEM WITHOUT WRITTEN PERMISSION FROM THIS OFFICE.

LICENSE # _____

LICENSE EXP ____/____/____

AGENT/OWNER:

ELECTRICAL CONTRACTOR:

ADDRESS CITY STATE ZIP

PHONE # _____