



200 WEST SECOND STREET / FREEPORT, TEXAS 77541 / PHONE (979) 233-3526 / FAX (979) 233-2172

PERMIT APPLICATION

Applicant's Name: _____

Owners Name: _____

Owners Address: _____

JOB INFORMATION

Contractor's Name: _____

Work Location: _____

Description of Job _____

Valuation of Job: \$ _____ Permit Fee: \$ _____

Type of permits needed: Building Electrical Mechanical Plumbing

Demolition House moving Safety

Phone numbers: Owner of Property _____

Contractor _____

Plans turned in with application: Yes No

Type: Drawings Prints

Date of Application: _____ / _____ / _____

Applicants Signature: _____