

APPLICATION FOR SUB-TRADES PERMIT TOWN OF TRINITY

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

1. JOB SITE ADDRESS: _____

2.
What type of work will be done? Check only one; separate permits required for each type work

Electrical Mechanical Plumbing Other _____

Describe in detail the scope of work: _____

What is the dollar value, including labor and materials, of the work? _____

Complete the following information about the contractor:

Licensed Contractor Name: _____
 Company Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

3.

Who owns this property? _____

Owner Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

NOTICE
 Separate Permits are required for electrical, plumbing, mechanical and fuel gas work. This permit becomes null and void if work or construction authorized is not commenced within 8 months, or if construction or work is suspended or abandoned for a period of 8 months at any time after work is commenced.
 I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent _____ Date _____

Signature of Owner (if owner is applicant) _____ Date _____

Office Use:

License Check	Permit Fee	Total Fees
	Occupancy Group	
Flood Zone	Zoning District	
Approved by	Date	Special Conditions

Comments: _____