WINDCREST
TEXAS

ELECTRICAL PERMIT APPLICATION

Date: _____ Permit # _____

JOB ADDRESS:		
OWNER:	ADDRESS:	PHONE:
CONTRACTOR	ADDRESS:	PHONE:

CLASS OF WORK: NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ REMOVE ☐

DESCRIPTION OF WORK:

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED IN NINETY (90) DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIXTY (60) DAYS 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 OF 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 PROVISISONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

_____
Signature of Contractor or Authorized Agent

Quantity	Type	Fee
	PERMIT FEE	
	RECPTACLE	
	SWITCH	
	OUTLET	
	FIXTURE	
	RESIDENTIAL APPLICANCE	
	COMMERICAL APPLICANCE	
	LIGHTED SIGN	
	TEMPORARY POWER	
	SOLAR PANEL	
	METER LOOP	
	SERVICE PANEL	
	CIRCUIT	
	OTHER	
	Total Permit Fee	

CITY OFFICIAL COMMENTS:	
APPROVED BY:	DATE: