THE CITY OF Anna

Miscellaneous Trade Permit

Permit Number

_____

COMPLETE THIS APPLICATION WHEN THE WORK IS NOT ASSOCIATED WITH ANOTHER BUILDING PERMIT

PROJECT INFORMATION				
Project Address	**Apt #**	**Subdivision**	**Lot**	**Block**
Property Owner Name	**Property Owner Address (if different)**	**Phone**		
Contractor Name	**Contractor Address**	**Phone**		
Contact Email:				

ELECTRICAL

Check one: ☐ **Temporary Pole** ☐ **Signs** ☐ **Solar Panels** ☐ **Misc. Outlets** ☐ **Misc. Motors**

☐ **Other** **Description** _____

Service Equipment (specify) _____

Electrical Appliance (specify) _____

MECHANICAL

Check one: ☐ **Condenser Replacement** ☐ **Furnace Replacement**

☐ **Other** **Description** _____

PLUMBING / GAS

Check one: ☐ **Gas Water Heater** ☐ **Electric Water Heater** ☐ **Sewer Relay** ☐ **Gas Relay**

☐ **Sewer Replacement** ☐ **Gas Replacement** ☐ **Lawn Sprinkler**

☐ **Other** **Description** _____

NOTICE

I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Applicant Name (print) **Applicant Signature** **Date**

For a complete application, payment must be received within 48 hours of submission.

----------OFFICE USE ONLY BELOW THIS LINE----------

Plan Review Fee:	**Received By:**	**Date:**
Permit Fee:	**Approved By:**	**Date:**