

The City of Columbus

P.O. Box 87 • Columbus, Texas 78934 • 979-732-2366 • 979-732-8213

Permit Application

Type (Check One)):			
[] Building [] Plumbing	[] Electrical	[]M rks[]O	echanical ther	[] Demolition
Job Address:				
Owner:			Phone:	
Address:				
Has Work Begun	:[]YES [1 NO		
			License	#:
Address:	ntractor:License #: dress:Phone:			
Architect/Designe	er:			
Engineer:	gineer:Registration #			
Address:			Ph	one:
Use of Building:[] Commercial [] Residential Sq. Ft.:				
Has Asbestos Su				
If yes, a copy of t	he survey mus	st be prov	vided to be	kept on file.
Class of Work(Ch	neck One):			
[] New [] Addit	ion [] Alterat	tion [] R	tepair [] N	Move [] Remodel
Describe Work:				
16 = 1				
If Electrical Work	, Provide ESIL);		
Value of Work:\$_	·			
Number of Plumb				
Number of Gas F				
Specific Condition	าร:			
Applicant Name:			Data:	
Applicant Name:	ED DEDMIT	MILICE	Date.	TE BRIOD TO
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				RK WITHOUT A
PERMIT ON	SITF WILL	RFSUI	T IN THE	PERMIT FEF

BEING DOUBLED.

SUBMIT PERMIT APPS 24 HOURS PRIOR TO JOB BEGINNING INSPECTION REQUESTS REQUIRE 24 HOUR ADVANCE NOTICE

Applications MUST be completed fully for a permit to be issued.