## TRADE PERMIT APPLICATION





Job Address:		PERMIT #
Use of Building:		
Description of Work:		
Owner Name:	Email Address:	Phone:
Contractor Na me:	Email Address:	Phone:
Contractor State License Number:	MASTER LICENSE #: (If applicable)	
Architect Or Designer:	Email Address:	Phone:
☐ Electric - All Othe ☐ Plumbing		TOTAL:  pproved by the inspector. Work that is not inspected is considered 241-8000 a minimum of 1 business day in advance to schedule
	permit will expire one year from the approval date expires, a new permit must be obtained. Where work	
Work must be performed by a Stat directed to $V\&K$ at 1-800-2		sumed knowledgeable of the applicable Code. Questions can be
Signature of Applicant: X		Date:
Please Print Name:		
When signed below and	d dated, this becomes your approv	ed permit
APPROVED: X		Date:
PLEASE NOTE:		