PERMIT APPLICATIONCITY OF DALHART

PO BOX 2005 DALHART, TX 79022-2005 806-244-5511 Ext. 3213 WATER-CODE@DALHARTTX.GOV

JOB LOCATION			
SITE ADDRESS:			
PROJECT/ BUSINESS	S NAME:		_
	Y OWNER:		
CONTRACTOR/I	HOMEOWNER IN	FORMAT	TION (PERMIT HOLDER):
NAME OF CONTRAC	CTOR:		
MAILING ADDRESS) :		
PHONE:			
FAX:			
TYPE OF PERMIT:			
ELECTRICAL:	PLUMBING:	GAS: _	ROOFING:
MECHANICAL:	BUILDING:		_ CONSTRUCTION:
FENCE:	CARPORT:		_ OTHER:
TYPE OF ACTIVITY	Y: Check all that apply:		
	ON: REMODI	EL:	REPAIR:
	DRILLING:		
SIGNATURE:	DATE:		
TYPE OF PAYMEN'	Т:		
,	— ·	REDIT CAR	D: TOTAL PAID:
RECEIVED BY:			