Miscellaneous Permit Application

401 S. Alamo St., Marshall, TX
PO Box 698, Marshall, TX 75671
P: (903) 935-4455 Fax: (903) 935-4409

Permit #: _____ Date: _____

Plans Provided:	❑ Yes	❑ No
Electric:	❑ Reg	❑ Not Reg	❑ Lic exp
Plumbing	❑ Reg	❑ Not Reg	❑ Lic exp
Mechanical:	❑ Reg	❑ Not Reg	❑ Lic exp
General:	❑ Reg	❑ Not Reg	❑ Lic exp

THIS APPLICATION IS FOR PERMITS THAT ARE NOT COVERED UNDER ANY OTHER APPLICATION.

❒ **Commercial** ❒ **Residential**

❒ Moving ❒ Tree Removal ❒ Commercial Demolition

❒ Other:_____

Job Address: _____

Description of work:_____ Total Valuation of Work: _____

Contact person: ❒ Applicant ❒ Property Owner ❒ Contractor

Name of applicant_____ Phone _____

Email _____

Property Owner

Name_____ Phone _____

Address_____ City_____ State_____ Zip _____

Contractor

Name_____ Phone _____

Address_____ City_____ State_____ Zip _____

Fax_____ E-mail _____

Electric Valuation of Electric Work: _____

Name_____ Phone _____

Address_____ City_____ State_____ Zip _____

Plumbing Valuation of Plumbing Work: _____

Name_____ Phone _____

Address_____ City_____ State_____ Zip _____

Mechanical Valuation of Mechanical Work: _____

Name_____ Phone _____

Address_____ City_____ State_____ Zip _____

Has an asbestos survey been performed? ❒ NO ❒ YES

❒ I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished.

I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances, and regulations.

Applicant / Agent Name (PRINT) _____

Applicant / Agent Signature _____ Date _____

Revised 1/2016