

CITY OF CAMERON

SUB-CONTRACTORS PERMIT APPLICATION



ELECTRICAL _____ MECHANICAL _____
PLUMBING _____ SIGN _____ LAWN IRRIGATION _____

PROJECT OWNER INFORMATION:

OWNER NAME : _____
OWNER ADDRESS: _____
OWNER PHONE# _____ EMAIL: _____

CONTRACTORS INFORMATION:

CONTRACTORS NAME: _____
STATE CONTRACTORS LICENSE# _____
CONTRACTORS ADDRESS: _____
CONTRACTORS PHONE # _____

PROJECT INFORMATION:

PROPERTY ADDRESS: _____
BRIEF DESCRIPTION OF WORK TO BE PERFORMED: _____

ESTIMATED COST TO COMPLETE PROJECT: _____

BUILDING TYPE:

SINGLE ___ MULTI-FAMILY ___ COMMERCIAL ___ INDUSTRIAL ___ OTHER ___

SQ FT OF PROJECT AREA: _____

SIGNATURE OF APPLICANT: _____