



PLUMBING PERMIT

Date: _____

FEE \$75.00

Description of Work: _____

Address: _____

Lot: _____ Block: _____ Tract: _____

Owner: _____

Phone Number: _____ Mobile Number: _____

ALL PLUMBING CONTRACTORS *MUST* BE REGISTERED WITH THE CITY OF PARKER AND PROVIDE PROOF OF TSBPE REQUIRED INSURANCE

Contractor: _____ Master License # _____

Address: _____

Phone Number: _____ Mobile Number: _____

THE CITY CURRENTLY FOLLOWS THE 2000 INTERNATIONAL PLUMBING CODE

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF THE WORK/CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF THE WORK/CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF THE LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK/CONSTRUCTION WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAW REGULATING WORK/CONSTRUCTION OR THE PERFORMANCE OF WORK/CONSTRUCTION.

CONTRACTOR'S SIGNATURE

DATE

Credit Card Information:	
Company Name: _____	Card Type: _____
Credit Card Number: _____	Expiration Date: _____
3-Digit Code on Back: _____	Name of Person Using card: _____
For City Use Only:	
Fee Paid _____	Date _____ Received by _____