

Residential
 Commercial

Permit # _____
Date _____



201 Bolivar Street/PO Box 1729 * Sanger, TX 76266
940-458-2059(office)*940-458-4072(fax)*www.sangertexas.org

Miscellaneous Application

Site Address _____ Suite/Apt _____
Property Owner _____ Phone _____
Address _____ Email _____
Contractor _____ Phone _____
Address _____ Email _____

Permit Type

Electrical Mechanical Plumbing

Description of work _____

Is the work related to an existing permit? Yes No

****GAS SERVICE REQUIRES 3LB AIR TEST WITH DIAPHRAGM GAUGE****

By signing below, I hereby certify that I am the owner (or) authorized agent of the owner of this property and that I have read and examined this application and know the same to be true and correct. I grant permission to the City of Sanger, Texas and its authorized agents to enter the premise and associated structures for the performance of official duties. All provisions of laws and ordinances governing this type of work 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 construction or the performance of construction. The issuance of any permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not.

Applicant Name (please print)

Date

Applicant Signature

Date

Approval (Building Official)

Date

Date Paid _____