



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

Electrical, Mechanical, Plumbing, and Miscellaneous Application

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

Permit Type			
Electrical <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Miscellaneous <input type="checkbox"/>
Description of work _____			
Is the work related to an existing permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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)

Applicant Signature

Date