



ELECTRICAL PERMIT APPLICATION

Development Services Department

2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240 | Fax: 361.826.4375 | PermitRequests@cctexas.com

Today's Date: _____ Building Permit Application # _____ (Check one) Residential Commercial

Street Address: _____

Business Name: _____ Project Valuation: _____

Owner's Name: _____ Address: _____ Phone #: _____

Contractor's Name:	
Address:	Phone #:
Contractor's E-mail address:	
State Contractor's License #:	Exp. Date:
License Holder/Owner -SIGNATURE:	License Holder/Owner/ PRINT NAME
Authorized Agent:	

LOCATION OF WORK AT BUILDING SITE: _____

SCOPE OF WORK: (REQUIRED):

I have read the complete application and know the same to be true and correct and hereby agree that if the permit is issued, all provisions of the City Ordinance will be complied with whether herein specified or not. I understand that the permit belongs to the property owner, and I am an authorized agent.

Notes:
ESID# REQUIRED FOR ALL SERVICE RELEASES
(Example: ESID# 100 - 327 - 894)
- _____ - _____ - _____
<i>Final Inspections are required to close permit.</i>