

CITY OF EARLY
960 EARLY BLVD.
PHONE: (325) 643-5451
FAX: (325) 643-5452



BUILDING INSPECTIONS
PO BOX 3100
EARLY, TEXAS 76803
www.earlytx.net

APPLICATION FOR MECHANICAL PERMIT

CONTRACTOR INFORMATION

APPLICANT NAME:		EMAIL ADDRESS:	
COMPANY:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	CELL:	FAX:	

CONSTRUCTION LOCATION:

PROPERTY OWNER: _____ **PHONE:** _____

STREET ADDRESS: _____

MASTER MECHANICAL NAME: _____

STATE LICENSE NUMBER: TACLA- **EXP. DATE** _____

STATE LICENSE NUMBER: TACLB- **EXP. DATE** _____

PURPOSE OF MECHANICAL PERMIT: **New Construction** _____ **Repair** _____ **Upgrade** _____

Description of Work: _____

SIGNATURE: _____ **PRINT NAME:** _____

Permit fee: \$25 per inspection

For City Use Only

RECEIVED BY: _____ DATE: _____ DATE ISSUED: _____
PERMIT NO. _____