



Life Connected.

Building Permit Trade Application

ADDRESS OF PROJECT: _____

OWNER NAME: _____ PHONE: (____) _____

OWNER ADDRESS: _____ CITY _____ STATE _____ ZIP _____

OWNER E-MAIL ADDRESS: _____

CONTRACTOR NAME: _____ PHONE: (____) _____

COMPANY NAME: _____

CONTRACTOR ADDRESS: _____

*All general contractors and sub-contractors must be registered with the City prior to receiving a permit.

PERMIT TYPE

____ ELECTRICAL

____ MECHANICAL

____ PLUMBING

DESCRIPTION OF WORK TO BE DONE: _____

IS WORK RELATED TO AN EXISTING PERMITTED PROJECT? ____ YES ____ NO

IF YES – PERMIT NUMBER: _____

ADDRESS NUMBER MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.

THIS CERTIFIES THAT ON THIS DATE APPLICATION WAS MADE FOR PERMIT WITH THE CITY OF CELINA, AND BY THIS SIGNATURE, THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE CODES, AMENDMENTS AND CITY ORDINANCES.

APPLICANT PRINTED NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

Development Services Permit Department
112 N. Colorado Celina TX 75009
Permits@Celina-tx.gov