

GENERATOR OVER-THE-COUNTER PERMIT PERMIT APPLICATION

200 Old Annetta Road, Aledo, Texas 76008

permits@aledotx.gov

Project Address: _____

Homeowner Name: _____ Phone: _____

Homeowner Email Address: _____

Contractor Name/Business: _____

Mailing Address: _____

Phone Number: _____ Email: _____

(Permit Fee: \$140.00 fee due at time of permit issuance)

*****DESCRIPTION OF WORK*****

PLUMBING	
<input type="checkbox"/> Gas Test (Natural or LPG)	<input type="checkbox"/> General Repair
<input type="checkbox"/> Gas Pipe (Residential)	

ELECTRICAL	
<input type="checkbox"/> Service Upgrade	<input type="checkbox"/> General Repair
<input type="checkbox"/> New Service Installation	<input type="checkbox"/> Adding # _____ Circuits _____

*****PROCESSING PROCEDURE*****

- ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF ALEDO AND CARRY LIABILITY INSURANCE
 - PLUMBING AND ELECTRICAL CONTRACTORS MUST BOTH VALIDATE UNDER THIS PERMIT

NOTICE: If your work is included and paid for under a building permit you do not need this permit.

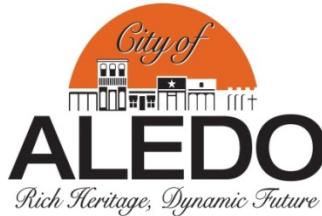
NOTICE: Do not use this permit application if this is a New Residence, Commercial Construction or Complete Systems.

1. Submit application, fee if applicable, copy of contractor license and insurance to permits@aledotx.gov
2. If the contractor license, insurance, and registration with the City are current a permit will be issued.

Applicant Signature: _____

Date: _____

Print Name: _____



COMMERCIAL BUILDING PERMIT APPLICATION
CONTRACTOR ACKNOWLEDGEMENTS

ONLY individual contractors **MUST COMPLETE AND SIGN** this form. If your State License or COI (Certificate of Insurance) is expired the permit you are working will be invalid and will not be issued or may be cancelled by the Building Official.

Construction address: _____

Building Contractor: _____

MASTER ELECTRICIAN'S STATEMENT:

I, _____, do acknowledge that I ***will be doing the electrical work*** for the construction at the above stated address.

_____/_____/_____
 (Date) (Master Signature) License # Exp. Date Cert. of Insurance exp date

 (Company name, address, & phone number)

MASTER PLUMBER'S STATEMENT:

I, _____, do acknowledge that I ***will be doing the plumbing work*** for the construction at the above stated address.

_____/_____/_____
 (Date) (Master Signature) License # Exp. Date Cert. of Insurance exp date

 (Company name, address, & phone number)

MECHANICAL/HVAC STATEMENT:

I, _____, do acknowledge that I ***will be doing the mechanical/HVAC work*** for the construction at the above stated address.

_____/_____/_____
 (Date) (Master Signature) License # Exp. Date Cert. of Insurance exp date

 (Company name, address, & phone number)