



250 W. First Street, Prosper, Texas 75078  
Phone 972-346-3502

### Trade Specific Building Permit Application

Permit #: _____	Date: _____
Disk Provided: <input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor: <input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg <input type="checkbox"/> Lic exp

*Incomplete application and/or submittal will delay the review process.*

Scope of work: \_\_\_\_\_

- Electrical     
  Mechanical     
  Plumbing     
  Irrigation  
 Commercial     
  Residential     
  \*Irrigation with Septic/Well

Job Address: \_\_\_\_\_

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_

Applicant \_\_\_\_\_ E-mail \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Address \_\_\_\_\_

Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Backflow \_\_\_\_\_ E-mail \_\_\_\_\_  
*(required only for irrigation)*

Estimated Value: _____	Square footage of building _____ <i>(commercial projects only)</i>
------------------------	---

**Providers** *(only required if releases are necessary)*

Electrical Provider:	<input type="checkbox"/> GCEC	<input type="checkbox"/> CoServ	<input type="checkbox"/> TXU
Gas Provider:	<input type="checkbox"/> CoServ	<input type="checkbox"/> Atmos	

**Irrigation**

Water Meter:  New       Existing      Meter Size: \_\_\_\_\_

Type of Assembly:   
*(if septic/well, a RPZ is required)*
 \*Reduced pressure       Pressure vacuum breaker  
 Double check       Atmospheric vacuum breaker

I hereby certify that I have the authority to make the necessary application and that all information provided on this application is correct to the best of my knowledge. The project described herein will be built in accordance with the plans and specifications submitted at time of application. All work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances and regulations.

Applicant / Agent Signature \_\_\_\_\_ Date \_\_\_\_\_