

CITY OF SPRINGTOWN
BUILDING INSPECTION DEPARTMENT
FIRE SUPPRESSION PERMIT APPLICATION

CITY OF SPRINGTOWN
P O BOX 444, 102 E 2ND ST
SPRINGTOWN TX 76082
817-220-4834

PERMIT # _____

DATE RECEIVED _____

Street Address: _____	
Owner: _____	Phone #: _____
_____	Value: \$ _____
Contractor: _____	Phone #: _____



ELECTRICIAN'S STATEMENT

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

Date: _____ Signature: _____

Company Name: _____ Phone #: _____

Address: _____

PLUMBER'S STATEMENT

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

Date: _____ Signature: _____

Company Name: _____ Phone #: _____

Address: _____

OFFICE USE ONLY

PERMIT FEE _____ PAID BY: CHECK # _____ COMPLETED BY: _____
CASH _____
C.CARD _____