City of Saginaw Permit Department 301 S. Saginaw Blvd.

Bus: 817-230-0453 Fax: 817-232-8565

E-mail: permits@saginawtx.org



Permit Date:	
Permit #:	_
Total Fee:	-
Receipt #:	

## **LIGHTS ON PERMIT APPLICATION**

Permit Address:					
Lot:	Block:	Addition:		Zoning:	
Select Service:	Residential	Commercial/Industr	ial		
PROPERTY OWNER	INFORMATION				
Name:					
Address:					
City:		State:	Zip:		
Phone:		Fax:	Cell:		
OCCUPANCY INFO	RMATION				
Name:					
Address:					
City:		State:	Zip:	Zip:	
Phone:		Fax:	Cell:	Cell:	
Mailing Address:		,	•		
Mailing City:		Mailing State:	Mailing 2	Mailing Zip:	
PERMIT REQUIREM	IENTS				
I understand that someone 18 or over must be present at the time of inspection. This is not a permit to do electrical work. This is a permit for an electrical inspection for release to the electric company only. If electrical work is needed a separate electrical permit must be obtained from the City of Saginaw.					
Comments:					
			<del>,</del>		
Applicant Signature:				Date:	
Printed Name:				Date:	