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PLUMBING/GAS APPLICATION: PLEASE PRINT

WORK BEING PERFORMED BY:

_____ : NAME OF CONTRACTOR/COMPANY

_____ : STATE MASTER LICENSE #

_____ () _____
ADDRESS/PHONE/AREA CODE #

WORK BEING PERFORMED AT:

_____ : PROPERTY OWNER

_____ : PHONE NUMBER

_____ : LOCATION OF CONSTRUCTION

DESCRIPTION OF WORK BEING PERFORMED:

NEW CONSTRUCTION: _____ **REPAIRS/ADDITIONS:** _____

PERMITS: _____ #FIXTURES: _____ #SEWERLINE: _____

BACKFLOW: _____

GAS PERMIT: _____ OUTLETS: _____

PERMIT # _____

SIGNATURE OF CONTRACTOR

DATE

RECEIVED BY

DATE

APPROVED BY

DATE