ELECTRICAL PERMIT

CITY OF COLLEGE STATION

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College Station, TX 77840
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WWW.CSTX.GOV

For Office Use Only

Date: _____

Application No.:_____

Project Address / Location _____

Subdivision _____

Contractor _____ Phone _____

Fax _____ E-mail _____

Homeowner _____ Phone _____

Fax _____ E-mail _____

Contact Person for Review Comments _____ Phone _____

Fax _____ E-mail _____

Description of Work _____

Valuation $ _____ Total Area _____ Heated Area _____

(Cost of Labor and Materials)

Signature of Applicant: _____