

PO Box 899 Hallsville, TX 75650 903-668-2313

PLUMBING PERMIT

DATE:	PERMIT NUMBER:		
OWNER'S NAME:			
LOCATION ADDRESS:			
PLUMBING COMPANY: You are hereby authorized to contract plumbing governing same and you are hereby notified to give work.	work in accorda	nce with City	
PLUMBING LICENSE NO:			
MASTER PLUMBER NAME:			
PLUMBER'S ADDRESS:			
PLUMBER'S PHONE NUMBER:			
FEES:		Quantity	Total
Application Fee (All Permits are charged)	\$45.00 \$ 3.00	1	\$30.00
PLUMBER'S SIGNATURE	KIMBERLY SMITH, TRMC CITY SECRETARY		