City of Southmayd Request for Permit

Date:	
I,Codes/Ordinances of the City of S available to me from the city offic	agree to comply with the Building outhmayd. I understand that this information is during normal working hours (8-5 Mon thru Fri).
Description of Project:	
Type of Permit:	
Fee:	
Requester Name:	
Address:	
Phone No.:	
Contractor Name:	
Contractors and Electricians must	be registered with the City of Southmayd.
By signing below, I am certifying	that the information I have provided is true & correct.
Owner/Requestor Signature	
Building Official/City Clerk	
	Office Use Only
Date Completed	
Inspected By	Green Tag Red Tag
Additional Comments:	