

City of San Angelo, Texas - Building Permits & Inspections 52 West College Avenue Utility Pre-Clearance Form



Section 1: Basic Information

Owner Name		Phone Number		E-mail Address
Master Contract	or of designated trade			
Building Contractor		Contractor No.		
Property Addres	S			
Utility Type:	Electrical	🗌 Gas	Other:	
Reason:	Clean/Show	Cold Weather	New Construction	Repair/Remodel
	Other:			
ESI number:				
	Rules and Re		dorstand oach of the Lit	ility Pre-Clearance Rules and Regulations)
	by the City of San Ar	-		inty Fre-Clearance Rules and Regulations)
Request mus	st be made by the Ma	aster Contractor of the	requested utility trade.	
			nt/Building Contractor of reco , Penalties, and Disconnection	
		e covered by City Ordi		
The owner/Author	orizod ogopt/Puilding	Contractor agrees the	at if upon increation of acid	premises such installation methods, equipment is/are not
				the requirements of the City Ordinances. The

approved by the inspection, the applicant will correct the violation(s) in conformance with the requirements of the City Ordinances. The Owner/Authorized Agent/Building Contractor further agrees that, if any other inspection violations are so noted and have not been corrected, or if any changes have not been made within ninety (90) days (or earlier depending on the type of violation and/or the inspector's discretion after such inspections, the City of San Angelo may have services disconnected to said Owner/Authorized Agent/Building Contractor (Without Prior Notice) until such changes have been made and approval given by the inspector.

The Owner/Authorized Agent/Building Contractor agrees to release the City of San Angelo and it's Agents from any and all liability and hereby agree to indemnify the City of San Angelo and it's agents for and to hold the City of San Angelo and it's agents harmless from any and all such liability for damages to persons and/or property which may occur from such clearance.

I hereby certify that I am the Owner/Authorized Agent/Building Contractor of said property and that the information given is true and correct to the best of my knowledge, and further agree to the conditions of this letter.

DO NOT OCCUPY UNTIL CERTIFICATE OF OCCUPANCY IS ISSUED Strict penalties may apply - Minimum 12 months loss of privileges and fines to All APPLICANTS above.

Contractor Signature
Date

FOR OFFICE USE ONLY

Reviewed/Accepted by: ______Date: __/___/

Action needed: ______

Permit Number: ______Issued By: ______Date Issued: ___/___/

Hours of Operation: 8 AM -12 PM & 1PM - 5 PM

No payments or permit issuance can be made after 4 PM due to accounting constraints. 325-657-4210, #1 www.cosatx.us/permits