



DEVELOPER'S/CONTRACTOR'S REQUEST FOR RENEWAL/REISSUE

PROJECT NAME: _____

CLV PROJECT # _____; DRAWING # _____

Please list appropriate permit numbers below and check renew or reissue.

Project Permit # _____ Renew ___ Reissue ___ New Completion date _____

Power Permit # _____ Renew ___ Reissue ___ New Completion date _____

Phone Permit # _____ Renew ___ Reissue ___ New Completion date _____

Cable Permit # _____ Renew ___ Reissue ___ New Completion date _____

Gas Permit # _____ Renew ___ Reissue ___ New Completion date _____

DEVELOPER'S COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE AND FAX NUMBER () _____ ; () _____

EMAIL ADDRESS _____

PLEASE ISSUE PERMITS TO:

CONTRACTOR'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE NUMBER: _____

FAX NUMBER _____

EMAIL ADDRESS _____

STATE CONTRACTOR'S LICENSE NUMBER
(SPECIFY CLASSIFICATION) _____

CLV BUSINESS LICENSE NUMBER: _____

By signing below, I affirm that I am authorized to act as agent for the above named contractor. Furthermore, I acknowledge and agree to all terms and conditions as noted on the individual permits and affirm that no work has previously been completed or will be completed without the required permits and approved plans.

CONTRACTOR'S AGENT NAME (PRINT): _____

SIGNATURE: _____

DATE _____