Department of Engineering & Inspections
21 South Bruffey Street
P.O. Box 869
Salem, VA 24153
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TRADES PERMIT APPLICATION

PLUMBING MECHANICAL CROSS CONNECTION

(please circle one)

Job Address: _____

Owner: _____ Phone: _____

Contractor: _____

Contractor Name: _____

Phone #: _____ Cell #: _____ Fax #: _____ Email: _____

VA License #: _____ Class: _____ Expiration Date: _____

License Classification: _____

Tradesman Card Holder: _____

VA License #: _____ Expiration Date: _____

License Classification: _____

Description of Work: _____

Job Cost: _____ Related Building Permit #: _____

_____ _____

Applicant Signature Date

_____

Applicant (Print Name)

_____

Company/Contractor Name