

APPLICATION FOR CITY OF CAMERON BUILDING PERMIT

APPLICATION DATE: _____

APPLICANT NAME: _____

APPLICANT CONTACT NUMBER: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____

Work completed by homeowner _____ or contractor _____

❖ If work is done by contractor, please provide copy of license and insurance

❖ Name of contractor _____ Phone number _____

❖ Copy of Contract to include:

Estimate Cost of Repairs _____ Estimate time of completion _____

TYPE OF WORK:

_____ Residential _____ Renovation _____ New Construction _____ Additions

_____ Commercial _____ Vacant _____ Outbuilding _____ Other

CRAFTS:

_____ Electrical _____ Plumbing _____ Roofing

_____ HVAC _____ Carpentry _____ Other

Description of work: _____

**❖ ALL BUILDING PERMITS ARE SUBJECT TO INSPECTIONS
OUTLINED BY THE BUILDING CODE OFFICIAL**

