



Pharr

Building & Code Compliance



CONTRACTORS APPLICATION

NAME OF COMPANY: _____

COMPANY'S ADDRESS: _____

CITY: _____ ZIP CODE: _____

COMPANY'S PHONE NUMBER: _____

CELL PHONE NUMBER: _____

NAME OF OWNER: _____

E-MAIL: _____ DOB: _____

HOME ADDRESS: _____

CITY _____ ZIP CODE: _____

**THE FOREGOING INFORMATION IS TRUE AND CORRECT AS
SUBMITTED BY THE UNDERSIGNED APPLICANT.**

AUTHORIZED AGENT OWNER _____

**ADDITIONAL PERSONNEL TO PULL PERMITS WILL NEED A
NOTERIZED LETTER.**