



CITY OF MENDOTA

PLUMBING PERMIT

Date: _____

NAME & ADDRESS:

\$25.00 FEE

1. _____
STATE OR FEDERAL TAX NUMBER OR SOCIAL SECURITY NUMBER

2. _____
BUSINESS PHONE NUMBER

3. _____
BUSINESS LOCATION IF DIFFERENT FROM ABOVE

4. _____
STATE PLUMBING NUMBER

5. _____
CONTRACTOR REGISTRATION NUMBER

6. _____
NAME OF INSURANCE/BOND CARRIER

7. _____
TERM OF PERMIT
ALL PERMITS ARE FROM MAY 1 (or date of application) through APRIL 30

Applicant's Signature

City Approval