

City of Mansfield Permit

Date: _____ Job Start Date: _____ Permit No. _____

Owner Information:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

Job/Site Address: _____

Legal Description: _____

Applicant Information:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

Permit Type:

- _____ Residential Building
- _____ Commercial/Industrial/Agricultural
- _____ Mobile Home
- _____ Flood Development
- _____ Road Crossing

If you selected a Residential Building, Commercial/Industrial/Agricultural or Mobile Home Permit please provide the following information:

Contractor/Building Information

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____
License Number: _____