

PERMIT #

**INGLESIDE ON THE BAY
APPLICATION FOR WELL PERMIT**

JOB ADDRESS

BLOCK NUMBER

LOT NUMBER(S)

OWNER

MAILING ADDRESS

ZIP

PHONE

FAX

CONTRACTOR

MAILING ADDRESS

ZIP

PHONE

FAX

ELECTRICIAN

MAILING ADDRESS

ZIP

PHONE

FAX

INSTALL WELL
TYPE OF WORK:

LOT SIZE (SQ FT)

LOT DIMENSIONS

SPECIAL CONDITIONS

VALUATION OF WORK \$

SIGNATURE OF OWNER OR CONTRACTOR /AUTHORIZED AGENT

DATE: _____

APPROVED BY: _____

*****OFFICE USE ONLY*****
FEE TOTAL \$25.00 CHECK # CASH